



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>127408</u>		2. Exact name of the Corporation <u>THE CHURCH OF THE LORD (ALADURA) WORLDWIDE</u>	
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>PRAYER GROUP</u>	
5. Principal office address <u>23, AETNA ST</u>		City <u>C. FALLS</u>	State <u>R.I.</u> Zip <u>02863</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>AAYO AKINWANDE</u>		Vice-President Name <u>MICHAEL FRINLE</u>	
Street Address <u>33, AETNA ST</u>		Street Address <u>26, WASHINGTON ST.</u>	
City <u>C. FALLS</u>	State <u>R.I.</u> Zip <u>02863</u>	City <u>C. FALLS</u>	State <u>R.I.</u> Zip <u>02860</u>
Secretary Name <u>AYO DELE AREOLA</u>		Treasurer Name	
Street Address <u>20, HOPKINS ST</u>		Street Address	
City <u>PROV.</u>	State <u>R.I.</u> Zip <u>02860</u>	City	State Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>ADERONKE ODERINDE</u>		Director Name <u>MERCY PEACH</u>	
Street Address <u>26, WASHINGTON ST</u>		Street Address <u>33, OAKLAND AVE</u>	
City <u>C. FALLS</u>	State <u>R.I.</u> Zip <u>02863</u>	City <u>CRASLOW</u>	State <u>R.I.</u> Zip
Director Name <u>FRIDAY AISHAGBANI</u>		Director Name	
Street Address <u>10, HOPKINS AVENUE</u>		Street Address	
City <u>WARRICK</u>	State <u>MASS</u> Zip	City	State Zip
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED

MAR 05 2015

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date

Check No

By

FOR SECRETARY OF STATE USE ONLY

BY 243838

10:41

Signature of Officer or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative