



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 2015

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. 104233		2. Exact name of the Corporation Ministers Conference Empowerment	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To Promote churches and people for christ To Promote News Paper publication	
5. Principal office address 87 Althes Street		City Providence	State RI
		Zip 02907	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Rev. Valentine Olawoyin		Vice-President Name Oyenike Adigun Awonsike	
Street Address 87 Althes Street		Street Address 8836 Browns Valley	
City Providence	State RI	City Camby	State IN
Zip 02907		Zip 46113	
Secretary Name Olubunmi Wuvabo		Treasurer Name Abidemi AwoSanya	
Street Address 1 Westgrove Court		Street Address 8626 Hope well Court	
City Mansfield	State TX	City Camby	State Ind
Zip 76063		Zip 46113	
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 olumide Kalejaiye		Director Name Moses Olawoyin	
Street Address 8626 hope will Court		Street Address 1 Westgrove Court	
City Camby	State Indiana	City Mansfield	State TX
Zip 46113		Zip 76063	
Director Name Anuoluwapo Popoola		Director Name Faruk Adigun	
Street Address 1 Westgrove Court		Street Address 8836 Browns Valley	
City Mansfield	State Tx	City Camby	State Ind
Zip 76063		Zip 46113	
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

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
MAY 04 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.

[Signature] 4/30/2015
 Signature of Officer or Authorized Representative Date

Rev Valentine Olawoyin
 Print or Type Name of Officer or Authorized Representative