



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. 70513		2. Exact name of the Corporation The Christian Power House Ministry			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Preach the Gospel of Jesus Christ, spread the Gospel, help the needy people, feed the hunger,			
5. Principal office address 87 Althea 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 Moses Oluwafemi Olawoyin		
Street Address 87 Althea Street			Street Address 1 Westgrove Court		
City Providence		State RI	Zip 02907	City Mansfield	
Secretary Name Kayode Awosanya		Treasurer Name Abidemi Awosanya			
Street Address 8626 Hope well Court			Street Address 8626 Hopewell Court		
City Camby		State IN	Zip 46113	City Camby	
State IN		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 Dabira Wuvoola			Director Name Oyenike Adigun Awonake		
Street Address 1 Westgrove Court			Street Address 8836 Browns Valley		
City Mansfield		State TX	Zip 76063	City Camby	
State TX		Zip 46113			
Director Name Deborah Grace Olawoyin			Director Name Omotorewa Popo Ok		
Street Address 87 Althea Street			Street Address 1 Westgrove Court		
City Providence		State RI	Zip 02907	City Mansfield	
State RI		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

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.

File Date
Check No
By
FOR SECRETARY OF STATE USE ONLY

Signature of Officer or Authorized Representative

Date

Rev. Valentine Olawoyin

Print or Type Name of Officer or Authorized Representative