



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

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SECRETARY OF STATE
CORPORATIONS DIV

2015 JUN -8 AM 10:28

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. <u>487079</u>		2. Exact name of the Corporation <u>PURE WORD FOR LIFE BIBLE MINISTRY</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Religious, charitable, Benevolent, educational and literary corporation that brings other individuals into personal relationship with Jesus Christ.</u>			
5. Principal office address <u>262 RIVER STREET</u>		City <u>WONSOCKET</u>	State <u>RI</u>	Zip <u>02895</u>	
6. LIST ALL OFFICERS (NAME AND ADDRESS) (X) BOX FOR ATTACHMENT ☐					
President Name <u>NONE</u>		Vice-President Name <u>NONE</u>			
Street Address <u>NONE</u>		Street Address <u>NONE</u>			
City <u>NONE</u>	State <u>NONE</u>	Zip <u>NONE</u>	City <u>NONE</u>	State <u>NONE</u>	Zip <u>NONE</u>
Secretary Name <u>JULIUS I. OMIUNU</u>		Treasurer Name <u>SELINAH AJAYI</u>			
Street Address <u>262 RIVER STREET</u>		Street Address <u>58 HOMER STREET</u>			
City <u>WONSOCKET</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02905</u>
7. LIST ALL DIRECTORS (NAME AND ADDRESS) (X) BOX FOR ATTACHMENT ☐					
Director Name <u>JULIUS I. OMIUNU</u>		Director Name <u>MEATRICE ADEGAMESAN</u>			
Street Address <u>262 RIVER STREET,</u>		Street Address <u>360 Mineral Spring Avenue (Apt 10)</u>			
City <u>WONSOCKET</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
Director Name <u>AROSEDE OMIUNU</u>		Director Name <u>SELINAH AJAYI</u>			
Street Address <u>262 RIVER STREET</u>		Street Address <u>58 HOMER STREET</u>			
City <u>WONSOCKET</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>
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

JUN 08 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 of Officer or Authorized Representative

Date

JULIUS I. OMIUNU
Print or Type Name of Officer or Authorized Representative