



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000511745

2. Name of Corporation Christ Love Media Ministries Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 20 POLK STREET

City or Town: JOHNSTON

State: RI

Zip: 02919

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State:

Zip:

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROPEGATE THE GOSPEL OF CHRIST INTO ALL THE WORLD THROUGH ALL MEDIA,
TO TEACH AND TRAIN THE NATIONS THROUGH BIBLE SCHOOLS, COLLEGES,
INSTITUTIONS, CDS, DVDS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CHARLES NDFON	183 SHUN PIKE JOHNSTON, RI 02919 USA
VICE-PRESIDENT	DONNA NDFON	183 SHUN PIKE

		JOHNSTON, RI 02919 US
DIRECTOR	EDEDET INIAMA	2 JOHN BREWERS BAY ST. THOMAS, VI 00802-9990 USA
DIRECTOR	AUDAIN BROWN	105 BOLONGA BAY ST. THOMAS, US 00802 VI
DIRECTOR	ADELLE BROWN	105 BOLONGO BAY ST. THOMAS, US 00802 VI

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CHARLES O. NDIFON 20 POLK STREET JOHNSTON , RI 02919

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

Signed this 19 Day of June, 2015 at 10:02:19 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By CHARLES NDIFON
Signature of Authorized Person

Form No. 631
Revised 09/07

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