RI SOS Filing Number: 201582025300 Date: 10/08/2015 4:00 PM

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.	2. Exact name of the Corporation
61653	GOD'S FAMILY Church INC
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	Religious Organization Christians Church

5. Principal office address	City	State	Zip
1525 BROAD St	CRANSTON	RI	02905

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Rev. Paul Fakunle	Rev (MRS) GLADYS FAKunle
Street Address: 37 Vickery St	Street Address: 37 Vickery St
City: WARWICK State: RI Zip: 02888	City: WARWICK State: RI Zip: 02888
Secretary Name	**Treasurer Name**
Patricia Ojuruwa	Daniel F. Nyumah
Street Address: 40 Clement St	Street Address: 90 CANTON St
City: PROV. State: RI Zip: 02908	City: PROV. State: RI Zip: 02908

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Rev. DR. PAUL FAKunle	Rev. (MRS) GLADYS FAKunle
Street Address: 37 Vickery St	Street Address: 37 Vickery
City: WARWICK State: RI Zip: 02888	City: WARWICK State: RI Zip: 02888
Director Name	**Director Name**
Victoria Fakunle	Rose Mary Fakunle
Street Address: 37 Vickery St	Street Address: 37 Vickery St
City: WARWICK State: RI Zip: 02888	City: WARWICK State: RI Zip: 02888

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

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.

Paul Fakunle 10/8/15
Signature of Officer or Authorized Representative Date

Rev. DR. PAUL Fakunle
Print or Type Name of Officer or Authorized Representative

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

FILED
OCT 08 2015
By 258111
A.A.

Form No. 631
Revised: 04/2014
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