RI SOS Filing Number: 201699653430 Date: 06/01/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

2016 JUN -1 AM 10:58
SECRETARY OF STATE
CORPORATIONS DIV

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
140299	CHRIST DIPLOMATIC MISSIONS INTERNATIONAL
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RHODE ISLAND	We teach brotherly love as the key to conquer Local and International Terrorism

5. Principal Office Address	City	State	Zip
9 CRIMEA STREET	PROVIDENCE	RI	02908

6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name: REV MICHAEL OA BABALOLA	Vice-President Name: PASTOR F.O. IBITOYE
Street Address: 9 CRIMEA STREET	Street Address: 189 PAVILION AVENUE
City: PROVIDENCE State: RI Zip: 02908	City: PROVIDENCE State: RI Zip: 02905
Secretary Name: MR OLAYIDE WILLIAMS	Treasurer Name: ISRAEL AKINBO
Street Address: 9 CRIMEA STREET	Street Address: 1077 DEXTER STREET
City: PROVIDENCE State: RI Zip: 02908	City: CENTRAL FALLS State: RI Zip: 02863

7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐

Director Name: REV MICHAEL OA BABALOLA	Director Name: PASTOR F.O. IBITOYE
Street Address: 9 CRIMEA STREET	Street Address: 189 PAVILION AVENUE
City: PROVIDENCE State: RI Zip: 02908	City: PROVIDENCE State: RI Zip: 02905
Director Name: MR OLAYIDE WILLIAMS	Director Name: ISRAE AKINBO
Street Address: 9 CRIMEA STREET	Street Address: 1077 DEXTER STREET
City: PROVIDENCE State: RI Zip: 02908	City: CENTRAL FALLS State: RI Zip: 02863

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
REV. MICHAEL OA BABALOLA	JUNE 01, 2016

Signature of Officer/Authorized Representative
SIGN DOCUMENT HERE

FILED
JUN 01 2016
BY 275559

Form No. 631
Revised: 2016
137536-1-1119973