



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUN -6 PM 1:51

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			
134721		ASSEMBLY OF JESUS CHRIST IS LORD MINISTRIES			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		THE GOSPEL OF JESUS CHRIST AND CHRISTIAN WORSHIP AND HUMANITARIAN OUTREACH.			
5. Principal Office Address		City	State	Zip	
345 ADMIRAL STR.		PROVIDENCE	R.I.	02908	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name		Vice-President Name			
PASTOR VICTOR O. AFOLABI		SUSAN FEMI BANGBALA			
Street Address		Street Address			
87 MAIN STR		15 HAWKINS STR.			
City	State	Zip	City	State	Zip
ALBION	R.I.	02802	PROVIDENCE	R.I.	02908
Secretary Name		Treasurer Name			
DEACON ABIODUN EGUNJOBI		MRS MAISELAA AFOLABI			
Street Address		Street Address			
70 RESERVOIR AVE		87 MAIN ST.			
City	State	Zip	City	State	Zip
PAWTUCKET	R.I.	02860	ALBION	R.I.	02802
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
PASTOR ISRAEL AKINBO		PASTOR MATTHEW UNIOREN			
Street Address		Street Address			
72 DARLING STR.		15 HAWKINS STR			
City	State	Zip	City	State	Zip
CENTRAL FALL	R.I.	02863	PROVIDENCE	R.I.	02908
Director Name		Director Name			
MRS RENKE AKOMOLAFE		MRS TOPE ADEBAYO			
Street Address		Street Address			
394 EAST STR.		104 SUMMER STR.			
City	State	Zip	City	State	Zip
PAWTUCKET	R.I.	02860	PROVIDENCE	R.I.	02907
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	
VICTOR O. AFOLABI				6-06-2016	
Signature of Officer/Authorized Representative					
GENERAL OVERSEER (PRESIDENT) <i>[Signature]</i>					

FILED

JUN 06 2016

By 275974
A.A.