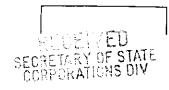


## State of Rhode Island and Providence Plantations Department of State - Business Services Division

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 -6 PM 1:51

Non-Profit Corporation	Annual Report for the v	rear: クトル	Cain Ooss —
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 CHKIST IS LOND MINISTRIES		
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island		
KHODE ISLAND THEGOSPELOF JESUSCHKIST AND CHRISTIAN WORSHIP AND			
5. Principal Office Address		City	State Zip
345 ADMIRAL ST	TR.	PLOVIDENCE	RI 02908
6. List ALL officers (names and addresses)		Check the box to indicate an attachment	
President Name PASIER VICTER O. AFOLABI		Vice-President Name SUSAN FEMI BANGBALA	
Street Address 87 MAIN	V STK	Street Address 15 HAW	KINS STA.
City ALBION	State LE Zip 02802	City PROVIDENCE	State RI. Zip 02908
Secretary Name DFA CON A	BIODUN EGUNUOBI	Treasurer Name MAS MAILS	SLAN AFOLABI
	RYDIR AVE	Street Address 67	nain St.
CityPAWTUCKET	State KI Zip 82860	CITYALBION	State R-L Zip 02802
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment			
Director Name ASTOR ISA	AEL AKINBO	Director Name PASTOR M	ATTHEN UNIOREN
Street Address 72 DARLII	NG STK.	Street Address 15 HAWK	INS STR
CITY CENTRAL FALL	State R-1. Zip 02863	City PROVIDENCE	State R7 Zip 02908
Director Name MLS REN	KE AKOMOLAFE	Director Name MRS 15P	E ADERAYO
Street Address 394 EAS	T STR'	Street Address 154 SUM	MER STR.
CityPAWTUCKET	State A.T. Zip 22860	City PROVIDENCE	State Zi. Zip 2967
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- F	FOLABL ,	6-06-2016
Signature of Officer/Authorized Representative			
GENERAL OVERSEED (RESTEDENCY)MENT HERE / Januttokubi			
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Form No. 631 Revised: 2016 JUN 06 2016

FILED

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