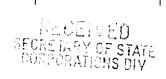


State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



TOPE			0010	_
	Annual Report for the y	rear: 20/(o	501 9 \\	-1 PM 1:28
Filing period: June 1 - June 30 Filing Fee: \$20.00 *FAILURE			N A \$25 00 PENAL 1	(V FEE
1. Entity ID Number	TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE. 2. Exact name of the Corporation			
00017317/		christjan Ch	ruych of (30d
3. State of Incorporation	4. Brief description of the character	e of prayers		nons)
5. State of incorporation		TRADITION OF THE PROPERTY OF T		nita so
KT	proach the gos	peland teal	1 ,	s of Jesuschi
5. Principal Office Address		City	State	Zip
213 Laurelth	11 Avenue	Providence	RI	02909
6. List ALL officers (names and a	ddresses)	Check the box to indicate an attachment		
President Name Moses	= A. 0/2	Vice-President Name Ebenezer Awe		
Street Address 95 Kim	<u> </u>	Ctroot Address	$\mathcal{D}_{i,i,j}$	fre
city Providence	State RT Zip 2908	city from idence	2 State RI	Zip 02909
Secretary Name Omode	le Oyedepo	Treasurer Name Kau	lode Adak	0940
Street Address Rose S	street	Street Address Laure 1 Hill Ava		
City N. Hovidence	State RI Zip 02904	1 1 0 0 0		2909
7. List ALL directors (names and	addresses). RI Corporations MÚS		tors. Check the box to indicate :	
Director Name Beatic	<u> </u>	Director Name Nova	Gidding	٦۶
Street Address 5 Kimbo		Street Address 2/3 L		Ave
1000	State RI Zipo 2908	city frovidence	State CI	^{Zip} 2909
Director Name Chy 1 Stic	ina Fagbote	Director Name		
Street Address 213 Lau	re 1 Hill Ave	Street Address		
city Providence	StateRI Zip D2909	City	State	Zip
8. Registered Agent in Rhode Isla	and. This information is currently of re	cord in the Department of State	e. Changes require filing F	orm 641.
Under penalty of perjury, I decl statements, and that all statem	are and affirm that I have exami ents contained herein are true a	ined this report, including and correct.	any accompanying s	chedules and
This report must be signed by either the Pr	esident, Vice-President, Secretary, Assistar	nt Secretary, Treasurer, duly Authori	zed Representative, Receive	r or Trustee.
Name of Officer/Authorized Repre	esentative		Date	
Moses	U/e		07.	01.2016
Signature of Officer/Authorized fe	Presentative SIGN DOCLI	MENT HERE		

JUL 0 1 2016

BY M 278182

Form No. 631 Revised: 2016