RI SOS Filing Number: 201601255530 Date: 07/01/2016 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

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CORPORATIONS DIV
2016 JUL -1 PM 1:28

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
000133176	The Redeemed Christian Church of God (Victory House of Prayers for all Nations)
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	To probagate the doctrine of Christianity to preach the gospel and teach the morals of Jesus Christ

5. Principal Office Address	City	State	Zip
213 Laurel Hill Avenue	Providence	RI	02909

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

President Name: Moses A. Oje			Vice-President Name: Ebenezer Awe		
Street Address: 95 Kimball street			Street Address: 203 Laurel Hill Ave		
City: Providence	State: RI	Zip: 02908	City: Providence	State: RI	Zip: 02909
Secretary Name: Omodele Oyedepo			Treasurer Name: Kayode Adebayo		
Street Address: 33 Rose street			Street Address: 203 Laurel Hill Ave		
City: N. Providence	State: RI	Zip: 02904	City: Providence	State: RI	Zip: 02909

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

Director Name: Beatrice Oje			Director Name: Nora Giddings		
Street Address: 95 Kimball Street			Street Address: 213 Laurel Hill Ave		
City: Providence	State: RI	Zip: 02908	City: Providence	State: RI	Zip: 02909
Director Name: Christiana Fagbote			Director Name:		
Street Address: 213 Laurel Hill Ave			Street Address:		
City: Providence	State: RI	Zip: 02909	City:	State:	Zip:

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
Moses Oje	07.01.2016

Signature of Officer/Authorized Representative: Moses Oje SIGN DOCUMENT HERE

FILED
JUL 01 2016
BY CR 278182

Form No. 631
Revised: 2016
138893-7-1127744