



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

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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2016 JUL -6 AM 9:02

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			
567433		The Redeemed Christian Church of God, POTTER'S HOUSE			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		To propagate the teaching and morals of Jesus Christ, and extend his love to all people			
5. Principal Office Address		City	State	Zip	
213 Laurel Hill Ave, Providence RI 02909		PROVIDENCE	RI	02909	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name		Vice-President Name			
Pastor Moses Oje		Tunde Adedire			
Street Address		Street Address			
95 Kimball Street.		175 Enfield Ave			
City	State	Zip	City	State	Zip
Providence	RI	02908	Providence	RI	02908
Secretary Name		Treasurer Name			
Tolu Adedire		Deola Ayeni			
Street Address		Street Address			
175 Enfield Ave.		175 Enfield Ave			
City	State	Zip	City	State	Zip
Providence	RI	02908	Providence	RI	02908
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 Moses Oje		Tunde Adedire			
Street Address		Street Address			
95 Kimball Street		175 Enfield Ave.			
City	State	Zip	City	State	Zip
Providence	RI	02908	Providence	RI	02908
Director Name		Director Name			
Francis Adesanya					
Street Address		Street Address			
61 Clym Street					
City	State	Zip	City	State	Zip
Providence	RI	02908			
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
Pastor Moses Oje					6/15/16
Signature of Officer/Authorized Representative					
SIGN DOCUMENT HERE					

FILED

JUL 06 2016

BY CA 278341