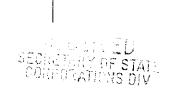


State of Rhode Island and Providence Plantations **Department of State - Business Services Division**

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

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



2016 1111

Non-Profit Corporation Annual Report for the y Filing period: June 1 - June 30	ear: <u>2016</u>	caia Atif - P	AM 9: 02
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,			
3. State of Incorporation 4. Brief description of the character of business conducted in Rhode Island			
Rhade Island To propagate the teaching and morals of 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		
President Name Pastor Moses QTe	Vice-President Name Tunde Adedire		
Street Address 95 Kimball Street.	Street Address 175 Enf	ield Aus	2
City Frovidence State RI Zip 02908	7	State RI	8 opso ^{qis}
Secretary Name Tolu Adedire	Treasurer Name Deola Ayeni		
Street Address 175 Enfield Ave.	Street Address 175 Enfield Aue		
City rouidence State RI Zip 02908	city Krovidence	StateRT	Zip 02908
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment			
Director Name Pastor Moses Q/2	Director Name Tunda	<u> </u>	
Street Address 95 Kimbal Street	Street Address Enfield Ave.		
City Providence State RI Zip 02908	city Providence	State RT	80 PS&
Director Name Franscis Adesanya Director Name			
Street Address 6/ Clym Street	Street Address		
city rovidence state RI Zip 02908	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	\bigcap	Date	5/160.
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE			

FILED =

JUL 0 6 2016

BY On 278341

Form No. 631 Revised: 2016