



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 Pastor Moses Oje		Vice-President Name Tunde Adedire			
Street Address 95 Kimball Street.		Street Address 175 Enfield Ave			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Tolu Adedire		Treasurer Name Deola Ayeni			
Street Address 175 Enfield Ave.		Street Address 175 Enfield Ave			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 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 Pastor Moses Oje		Director Name Tunde Adedire			
Street Address 95 Kimball Street		Street Address 175 Enfield Ave.			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name Francis Adesanya		Director Name			
Street Address 61 Clym Street		Street Address			
City Providence	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 Pastor Moses Oje				Date 6/15/16	
Signature of Officer/Authorized Representative				SIGN DOCUMENT HERE	

FILED

JUL 06 2016

BY CA 278341