



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

Annual Report for the year: 2014

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 SECRETARY OF STATE
 CORPORATIONS DIV

2016 JUL 27 AM 10:40

1. Entity ID Number 138017		2. Exact name of the Corporation AWL Nations Revival Center Church of God	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island church - Religious, Social & Community, Education Development Services, Food distribution, Help the poor	
5. Principal Office Address 50-52 Exchange St.		City Pawtucket	State RI
		Zip 02860	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name KOFFI OKOUTA		Vice-President Name	
Street Address 51 Waterman St		Street Address	
City Pawtucket	State RI	Zip 02861	
Secretary Name Kwame ADU-GYAMFI		Treasurer Name Kwame ADU-GYAMFI	
Street Address 146 OAKLAND AVE		Street Address 146 OAKLAND 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 KOFFI OKOUTA		Director Name Modukpe DONGO	
Street Address 51 Waterman St		Street Address 51 Waterman St	
City Pawtucket	State RI	Zip 02861	City Pawtucket
			State RI
			Zip 02861
Director Name Kwame ADU-GYAMFI		Director Name	
Street Address 146 OAKLAND AVE		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Rev. KOFFI A. OKOUTA		Date 7/27/16	
Signature of Officer/Authorized Representative <i>Koffi Okouta</i>		SIGN DOCUMENT HERE	

FILED

JUL 27 2016

BY C11165102

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov