



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000486545

2. Name of Corporation THE REDEEMED CHRISTIAN CHURCH OF GOD, CITY OF REFUGE FOR ALL NATIONS

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 589 CUMBERLAND HILL ROAD

City or Town: WOONSOCKET

State: RI Zip: 02895 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROBAGATE THE DOCTRINE OF CHRISTIANITY AND EDUCATE THE PUBLIC OF THE TEACHINGS AND MORALS OF JESUS CHRIST

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CHRIS OKAFOR	27 MADDIE DRIVE NEW BEDFORD, MA 02745 USA
TREASURER	OLUWATOYIN FAGBOTE	206 MESSER STREET

		PROVIDENCE, RI 02904 USA
DIRECTOR	DEBBIE OKAFOR	27 MADDIE DRIVE NEW BEDFORD, MA 02745 USA
DIRECTOR	MOSES OJE	95 KIMBALL STREET PROVIDENCE, RI 02908 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

PASTOR CHRIS OKAFOR 589 CUMBERLAND HILL ROAD WOONSOCKET , RI 02895

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 16 Day of August, 2016 at 3:00:19 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By CHRIS OKAFOR
Signature of Authorized Person

Form No. 631
Revised 09/07

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