RI SOS Filing Number: 201738183890 Date: 3/17/2017 11:14:00 AM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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STATE
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17 AM 11: 13

Annual Report for the year: 2016/XX

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.

1. Entity ID Number	2. Exact name of the Corporation
162143	THE APOSTOLIC CHURCH PROVIDENCE ASSEMBLY
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RHODE ISLAND	RELIGIOUS (CHRISTIAN CHURCH)

5. Principal Office Address	City	State	Zip
58 WASHINGTON ST	PAWTUCKET	RI	02860

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
DR. BAAH ACHAMPONG	
Street Address: 58 WASHINGTON ST	Street Address:
City: PAWTUCKET State: MA Zip: 02860	City: State: Zip:
Secretary Name	**Treasurer Name**
KWAME DARKO	RICHARD CARLINALI
Street Address: 58 WASHINGTON ST	Street Address: 58 WASHINGTON ST
City: PAWTUCKET State: RI Zip: 02860	City: PAWTUCKET State: RI Zip: 02860

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
DR. BAAH ACHAMPONG	KWAME DARKO
Street Address: 58 WASHINGTON ST	Street Address: 58 WASHINGTON ST
City: PAWTUCKET State: RI Zip: 02860	City: PAWTUCKET State: RI Zip: 02860
Director Name	**Director Name**
RICHARD AGYIN COBBINAH	GEORGE ASYAMFI
Street Address: 58 WASHINGTON ST	Street Address: 58 WASHINGTON ST
City: PAWTUCKET State: RI Zip: 02860	City: PAWTUCKET State: RI Zip: 02860

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
DR. BAAH ACHAMPONG	3/1/17

Signature of Officer/Authorized Representative: Baa Pong

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

The Apostolic Church Int.
Providence Assembly
58 Washington Street
Pawtucket, RI 02860

11:14

FILED
MAR 17 2017
BY 898498

FORM 631 - Revised: 02/2017