



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>1335070</b>		2. Exact name of the Corporation <b>VISIONAY NETWORK</b>	
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island - <b>PRAYER COUNSELLING, EMPLOYMENT PROGRAMS FOR THE UNEMPLOYED &amp; HURTING THROUGH SEMINARS &amp; THROUGH PUBLIC EDUCATION &amp; GOVERNMENT</b>	
5. Principal office address <b>505 PUBLIC STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02907</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>REV. DR. MARGARET O. OLUKOYA</b>		Vice-President Name <b>DEACON JACOB KUNLE OLUKOYA</b>	
Street Address <b>505 PUBLIC STREET</b>		Street Address <b>505 PUBLIC STREET</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02907</b>	
Secretary Name <b>DEACONESS JOYIN JOSEPH</b>		Treasurer Name <b>SIG OLUWATOYIN FAGBOTE</b>	
Street Address <b>163 HENDRIC STREET</b>		Street Address <b>206 MESSER STREET</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02908</b>		Zip <b>02909</b>	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <b>REV. DR. MARGARET O. OLUKOYA</b>		Director Name <b>DEACON JACOB KUNLE OLUKOYA</b>	
Street Address <b>505 PUBLIC STREET</b>		Street Address <b>505 PUBLIC STREET</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02907</b>	
Director Name <b>SIG OLUWATOYIN FAGBOTE</b>		Director Name	
Street Address <b>206 MESSER STREET</b>		Street Address	
City <b>PROVIDENCE</b>	State <b>RI</b>	City	State
Zip <b>02907</b>		Zip	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

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

File Date \_\_\_\_\_

**FILED**

Check No. \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer or Authorized Representative

Date

**REV. DR. MARGARET O. OLUKOYA**  
Print or Type Name of Officer or Authorized Representative