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 2017

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.	2. Exact name of the Corporation
1335070	VISIONAY NETWORK
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island — PRAYER COUNSELLING, EMPOWERMENT PROGRAMMES FOR THE UNEMPOYED & HURTING - UNDER SEMINARS & THROUGH PUBLIC EDUCATION & GOVERNMENT (PEG TV RI

5. Principal office address	City	State	Zip
505 PUBLIC STREET	PROVIDENCE	RI	02907

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
REV. DR. MARGARET O. OLUKOYA	505 PUBLIC STREET	PROVIDENCE	RI	02907

Vice-President Name	Street Address	City	State	Zip
DEACON JACOB KUNLE OLUKOYA	505 PUBLIC STREET	PROVIDENCE	RI	02907

Secretary Name	Street Address	City	State	Zip
DEACONESS DOYIN JOSEPH	163 HENDRIC STREET	PROVIDENCE	RI	02908

Treasurer Name	Street Address	City	State	Zip
SIS OLUWATOYIN FAGBOTE	206 MESSER STREET	PROVIDENCE	RI	02909

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
REV. DR. MARGARET O. OLUKOYA	505 PUBLIC STREET	PROVIDENCE	RI	02907

Director Name	Street Address	City	State	Zip
DEACON JACOB KUNLE OLUKOYA	505 PUBLIC STREET	PROVIDENCE	RI	02907

Director Name	Street Address	City	State	Zip
SIS OLUWATOYIN FAGBOTE	206 MESSER STREET	PROVIDENCE	RI	02907

Director Name	Street Address	City	State	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 JUN 05 2017 BY

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 (6-5-17) Date

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

Form No. 631
Revised: 04/2014