



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

Annual Report for the year: 2017
 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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 JUN 14 PM 1:35

1. Entity ID Number 000929128		2. Exact name of the Corporation NEW LIFE IN CHRIST DELIVERANCE & HEALING (ministries) ch. reh	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Church	
4. NAICS Code 813110		Place of Worship.	
6. Principal Office Address 483 Washington Street		City Providence	State R.I.
		Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Ademola Jonah		Vice-President Name	
Street Address 76 Baxter Street		Street Address	
City Providence	State R.I.	Zip 02905	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. 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 Joyce Kailonda		Director Name Arthur Johnson	
Street Address 76 Baxter Street		Street Address 76 Baxter Street	
City Providence	State R.I.	Zip 02905	
Director Name Olusegun Jonah		Director Name	
Street Address 76 Baxter Street		Street Address	
City Providence	State R.I.	Zip 02905	
9. 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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Ademola JONAH		Date 06-14-17	
Signature of Officer/Authorized Representative <i>[Signature]</i>			

FILED

JUN 14 2017

BY CA 16636758