



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 26 PM 1:21

1. Entity ID Number 001668752		2. Exact name of the Corporation End Time Church	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Serving the needs of the community and Church Services.	
4. NAICS Code			
6. Principal Office Address 1828 Westminister Street		City Providence	State RI
		Zip 02909	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Damulola Akinlaga		Vice-President Name Tunde Akinlaga	
Street Address 1828 Westminister street		Street Address 1828 Westminister street	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Secretary Name Oluwofunke Akinlaga		Treasurer Name Helen Akinlaga	
Street Address 1828 Westminister street		Street Address 1828 Westminister street	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
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 Helen Akinlaga		Director Name Damulola Akinlaga	
Street Address 1828 Westminister street		Street Address 1828 Westminister street	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Director Name Oluwofunke Akinlaga		Director Name Tunde Akinlaga	
Street Address 1828 Westminister street		Street Address 1828 Westminister	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Helen Akinlaga			Date 6/26/17
Signature of Officer/Authorized Representative 			

FILED

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

JUN 26 2017

BY Ch 306888