



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.

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BUS SVCS DIV
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1. Entity ID Number 794235		2. Exact name of the Corporation Council of Nigerian Ministers and Churches			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Organize Christian seminars, revivals, and services to benefit all churches and pastors.			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 516 Chalkstone Avenue			City Providence	State RI	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rev. Agnes Akinroabu			Vice-President Name		
Street Address 516 Chalkstone Avenue			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Gabriel Odukoya			Treasurer Name Fetus Otele		
Street Address 27 Candance Street			Street Address 380 Public Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02907
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 Rev. Agnes Akinrolabu			Director Name Fetus Otele		
Street Address 516 Chalkstone Avenue			Street Address 380 Public Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02907
Director Name Gabriel Odukoya			Director Name Emmanuel Taiwo		
Street Address 27 Candance Street			Street Address 11 Auburn Street		
City Providence	State RI	Zip 02908	City Cranston	State RI	Zip 02910
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 Rev. Agnes Akinrolabu				Date 6/26/17	
Signature of Officer/Authorized Representative <i>Agnes Akinrolabu</i>					

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

FILED
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BY 8910