



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 30 PM 4:20

1. Entity ID Number 00515234		2. Exact name of the Corporation WESLEY PRAYER FELLOWSHIP	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island RELIGIOUS, CHARITABLE AND EDUCATIONAL PURPOSE	
4. NAICS Code 813110			
6. Principal Office Address 595 WILLET AVENUE, #10		City RIVERSIDE	State RI
		Zip 02915	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name REV. CHARLES FIIFI ACQUAH		Vice-President Name MR. MAJOR M.F. KPANGBAI	
Street Address 595 WILLET AVENUE, #10		Street Address 54 STONELAW AVENUE	
City RIVERSIDE	State RI	City PROVIDENCE	State RI
Zip 02915		Zip 02908	
Secretary Name SIS. HELLINA WILLIAMS		Treasurer Name SIS. BETTY Q.J. CLINTON	
Street Address 595 WILLET AVENUE, #10		Street Address 43 PAIE AVENUE	
City RIVERSIDE	State RI	City CRANSTON	State RI
Zip 02915		Zip 02910	
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. CHARLES F. ACQUAH		Director Name MR. MAJOR M.F. KPANGBAI	
Street Address 595 WILLET AVENUE, #10		Street Address 54 STONELAW AVENUE	
City RIVERSIDE	State RI	City PROVIDENCE	State RI
Zip 02915		Zip 02908	
Director Name SIS. BENDU CLARKE		Director Name SIS. HELLINA WILLIAMS	
Street Address 79 ALGER AVENUE		Street Address 595 WILLET AVENUE, #10	
City PROVIDENCE	State RI	City RIVERSIDE	State RI
Zip 02907		Zip 02915	
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. CHARLES FIIFI ACQUAH			Date JUNE, 30TH 2017
Signature of Officer/Authorized Representative 			

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

BY 417067062 JUN 30 2017
 JUN 30 2017
 11:20