



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.

1. Entity ID Number 120169		2. Exact name of the Corporation CHRIST APOSTOLIC CHURCH WOSEM. Rhode Island Branch			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CHURCH FOR THE COMMUNITY, BIBLE READING, TEACHING			
4. NAICS Code 813110					
6. Principal Office Address 311 Prairie Avenue			City Providence	State RI	Zip 02905
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name T. O OBADARE			Vice-President Name AYOBEJI ADELEKE - PASTOR		
Street Address 313 Prairie Avenue			Street Address 999 CHARLES STREET #3		
City Providence	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02904
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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 OWOLABI OLOWOKEKE			Director Name OLUSEYI AKANJI		
Street Address 92 Farm Street			Street Address 19 JASON DRIVE		
City Woonsocket	State RI	Zip 02895	City LINCOLN	State RI	Zip 02885
Director Name AKIN AKANJI			Director Name		
Street Address 292 Academy Avenue			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative AKIN AKANJI				Date 07/18/17	
Signature of Officer/Authorized Representative 				FILED JUL 20 2017	