RI SOS Filing Number: 201748021180 Date: 7/27/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Annual Report for the year: **Non-Profit Corporation**

R.I. DEPT. OF STATE BUS SVGS DIV

2017 JUL 27 PM 4: 00

→ 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 797171	2. Exact name of the Corporation CHRIST OWN SAVIOR NETWORK		_	U
3. State of Incorporation	5. Brief description of the characteristics	cter of business conducted in R	hode Island BIRLE	TEACHTHY MIHIST
RHODE ISLAND	EXAMPLE THE GO	HELEF JESUS COTAS	(  ]   HE CHUSTIH	H FASTA)
4. NAICS Code	MCGSION INDRESTITE	SERVICE ) CHRISTIAN	SEPVICES D	VICTORY VIOLATIN
813110	BIBLE SHOOL			VICTIAL
6. Principal Office Address		City	State RHOBE	Zip
(301 CRAHSTON STRE	ET/PULOX 72675,	PROXIDENCE,	YSLAR	02907
7. List ALL officers (names an	d addresses)	C	heck the box to indic	ate an attachment
President Name MR- PifiLiP	O- AFRIYIE PASTOR FOUND	Vice-President Name		
Street Address 301 CRANSTON STREET PEROT 72675		Street Address		
City PROVERENCE	State RHOTE MAN 21p 02907	City	State	Zip
Secretary Name Ms. GEORGIHA C SERWAH-APRIYIE		Treasurer Name		
Street Address 56 CURTIS STREET		Street Address		
PROVIDENCE,	State PLAND Zip 22909	City	State	Zip
B. List ALL directors (names ar	nd addresses). RI Corporations <b>MUST</b>	list at least THREE directors.	Check the box to in	dicate an attachment
rector Name MR: PRINCE K. ADIM-AFRIYIF		Director Name PATRICK O AFRINE		
Street Address 56 CURTIS ATREET		Street Address 315 SUNDIAL LAME,		
PROVIDENCE,	State Zip Zip O2909	City CHARLOTTE	State NOR	74 Zip 28206
Director Name MS-GOORSHA C. SERUNH-ARRIYIE		Director Name JOSEPH K. TUTU-AFRIYIE		
reet Address Sto Curis STREET,		Street Address 56 CARTIS STREET		
TO PROVIDENCE,	State SLAND 2109	City PROVIDENCE,	State State	Zip 02909
Registered Agent in Rhode I	sland. This information is currently of recor	rd in the Department of State. Chan	nges require filing Form	641.
	eclare and affirm that I have examine ments contained herein are true and		ccompanying sche	dules and
is report must be signed by either the	President, Vice-President, Secretary, Assistant S	ecretary, Treasurer, duly Authorized Rep	oresentative, Receiver or T	rustee.
ame of Officer/Authorized Rep	presentative MR PHILIP	O. AFRIYIF_	Date 07/2	7TH/2017 THUR
gnature of/Officer/Authorized	Representative	FILED	*	
thirt O	Thug	ke selles e e la	147	
IL TO: FOUL BER PRE	signit, photorfeatifely	JUL 3 7 CC		

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 631 - Revised: 06/2017