



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.

STAMP

2017 SEP 11 10:56 AM
 R.I. BUS. SERVICES DIVISION
 RECEIVED
 SEP 11 2017
 PM 3:32

1. Entity ID Number 000106536		2. Exact name of the Corporation CAPSTONE MINISTRIES INCORPORATED	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PREACHING THE GOSPEL OF THE KINGDOM OF GOD.	
4. NAICS Code 813110			
6. Principal Office Address 110 RUGGLES STREET		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 ABDUL-RASHID O. DWUYEMI		Vice-President Name	
Street Address 43 FALLON AVE		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02908		Zip	
Secretary Name MDOUPE M. DWUYEMI		Treasurer Name JOANNE AVERY	
Street Address 43 FALLON AVENUE		Street Address 20 BINFORD STREET	
City PROVIDENCE	State RI	City LINCOLN	State RI
Zip 02908		Zip 02865	
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 VICTOR I. ADEGBESAN		Director Name MARKE NOTARIANNI	
Street Address 195 HIGH STREET		Street Address 50 LIBERA STREET	
City N. PROVIDENCE	State RI	City CRANSTON	State RI
Zip 02904		Zip 02920	
Director Name CAROLINE A. ADEGUN		Director Name GBENGA S. YINUSA	
Street Address 159 PUTNAM STREET		Street Address 10813 GREEN ASH LANE	
City E. PROVIDENCE	State RI	City BELTSVILLE	State MD
Zip 02914		Zip 20708	
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 ABDUL-RASHID O. DWUYEMI			Date 9-11-2017
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>			

SIGN DOCUMENT HERE

FILED

SEP 11 2017

BY **RI C18905490**

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