



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

Annual Report for the year:  
 Non-Profit Corporation

2017 **AMENDED**

STAMP  
 FOR  
 SECRETARY OF STATE  
 USE ONLY

- 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 <b>70513</b>		2. Exact name of the Corporation <b>The Christian Power House Ministry.</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Preach the gospel of Jesus Christ, spread the gospel, help the needy, feed the hungry</b>	
4. NAICS Code <b>813110</b>		<b>publish Journal, write books and refer people for more help</b>	
6. Principal Office Address <b>87 Althea Street Providence</b>		City <b>Providence</b>	State <b>Rhode Island</b>
		City <b>Rhode Island</b>	Zip <b>02907</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Rev. Valentine Olawoyin</b>		Vice-President Name <b>Oyenusu Adekunle Awonake</b>	
Street Address <b>87 Althea Street</b>		Street Address <b>836 Bronks Valley</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Camby</b>	State <b>IN</b>
Zip <b>02907</b>		Zip <b>46113</b>	
Secretary Name <b>Moses Olunfemi Olawoyin</b>		Treasurer Name <b>Abidemi Awosanya Count</b>	
Street Address <b>1 Westgrove Court</b>		Street Address <b>8626 Hopewill Blvd</b>	
City <b>Mansfield</b>	State <b>TX</b>	City <b>Camby</b>	State <b>IN</b>
Zip <b>76063</b>		Zip <b>46113</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Dabira Wuraab</b>		Director Name <b>Dr. Tunji Adeyemo</b>	
Street Address <b>1613 Watson DR.</b>		Street Address <b>147 Althea Street</b>	
City <b>Mansfield</b>	State <b>TX</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>76063</b>		Zip <b>02907</b>	
Director Name <b>Deaconess Grace Olawoyin</b>		Director Name <b>Omodara Lyanda Olawoyin</b>	
Street Address <b>87 Althea Street</b>		Street Address <b>1 Westgrove Court</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Mansfield</b>	State <b>TX</b>
Zip <b>02907</b>		Zip <b>76063</b>	

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  
**Rev. Valentine Olawoyin** Date **June 1, 2017**

Signature of Officer/Authorized Representative  

 SIGN DOCUMENT HERE

**FILED**

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

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 BUS SVCS DIV  
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NOV 02 2017  
 BY **A.A. 10:54 AM.**  
 FORM 424 Revised: 06/201



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

November 02, 2017 10:54 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

