



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

Annual Report for the year:
Non-Profit Corporation

2018

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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SECRETARY OF STATE
CORPORATIONS DIV
2018 APR 24 PM 12:34

1. Entity ID Number 69107		2. Exact name of the Corporation The church of Pentecost RI Assembly	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Church - Religious Organization	
4. NAICS Code 813110			
6. Principal Office Address 687 Harris Avenue		City Providence	State RI
		Zip 02909	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Pastor Yaw Adade Tabi		Vice-President Name Elder David Osei	
Street Address 25 Linda St.		Street Address 224 Carleton St	
City Lincoln	State RI	City Providence	State RI
Zip 02865		Zip 02908	
Secretary Name Elder Eric Dabanka		Treasurer Name Deaconess Margaret Osei	
Street Address 103 Poisilla Ave		Street Address 39 North Broadway	
City Providence	State RI	City East Providence	State RI
Zip 02909		Zip 02916	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Elder Festus Osei		Director Name Elder Ezekiel Ahwirong	
Street Address 39 North Broadway		Street Address 80 Terrace Ave	
City East Providence	State RI	City Pawtucket	State RI
Zip 02916		Zip 02860	
Director Name Olivia Adade-Tabi		Director Name Emmanuel Lamptey	
Street Address 25 Linda St.		Street Address 85 Forest Avenue	
City Lincoln	State RI	City Pawtucket	State RI
Zip 02865		Zip 02860	
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 Pastor Yaw Adade Tabi		Date FILED 04/24/18	
Signature of Officer/Authorized Representative <i>[Signature]</i>		APR 24 2018 12:36	

MAIL TO:
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Website: www.sos.ri.gov

BY **KL C 24552058**