RI SOS Filing Number: 201862752830 Date: 4/24/2018 12:35:00 PM

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

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CORPORATIONS DIV
2018 APR 24 PM 12: 34

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: 64107	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	City	State	Zip
687 Harris Avenue	Providence	RI	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	Zip: 02865	City: Providence	State: RI	Zip: 02908
Secretary Name: Elder Eric Dabanka			Treasurer Name: Deaconess Margaret Osei		
Street Address: 103 Priscilla Ave			Street Address: 39 North Broadway		
City: Providence	State: RI	Zip: 02909	City: East Providence	State: RI	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 Almirerg		
Street Address: 39 North Broadway			Street Address: 80 Terrace Ave		
City: East Providence	State: RI	Zip: 02916	City: Pawtucket	State: RI	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	Zip: 02865	City: Pawtucket	State: RI	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.

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: Pastor Yaw Adade Tabi — Date: 04/24/18

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

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

BY VLC 24552258

FORM 631 - Revised: 06/2017