



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

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SECRETARY OF STATE
CORPORATIONS DIV
2018 MAY 10 PM 2:14

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.

1. Entity ID Number 70513		2. Exact name of the Corporation The Christian Power House Ministry	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Preach the gospel of Jesus Christ, spread the gospel, help the needy, feed the hungry and refer people for more help.	
4. NAICS Code 813110			
6. Principal Office Address 87 Althea Street		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rev Valentine Olawun		Vice-President Name Byenike Adenike Awo nake	
Street Address 87 Althea Street		Street Address 8836 Browne Valley	
City Providence	State RI	City Carmby	State IN
Zip 02907		Zip 46113	
Secretary Name Moses Oluwafemi Olawun		Treasurer Name Abidemi Awosanya	
Street Address 1 Westgrove Court		Street Address 8626 Hopewell Crt	
City Mansfield	State TX	City Carmby	State IN
Zip 76063		Zip 46113	
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 Dabira Wuraola		Director Name Dr Tunji Adeyemo	
Street Address 1 Westgrove Court		Street Address 147 Althea St Prov	
City Mansfield	State TX	City 147 Althea St Prov	State RI
Zip 76063		Zip 02907	
Director Name Deborah Grace Olawun		Director Name Omofe Olanrewaju	
Street Address 87 Althea Street		Street Address 1 Westgrove Court	
City Providence	State RI	City Mansfield	State TX
Zip 02907		Zip 76063	
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 Olawun		Date May 10, 2018	
Signature of Officer/Authorized Representative		FILED	
SIGN DOCUMENT HERE MAY 10 2018			