



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

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SECRETARY OF STATE  
CORPORATIONS DIV

2018 JUN 15 PM 12:11

Annual Report for the year:

2018

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 000929128		2. Exact name of the Corporation NEW LIFE IN CHRIST DELIVERANCE & Healing (Ministries) Church	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Place of Christian Worship (Church)	
4. NAICS Code 813110			
6. Principal Office Address 483 Washington Street		City Providence	State R-I. Zip 02903
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name Ademola Jonah		Vice-President Name	
Street Address 76 Baxter Street		Street Address	
City Providence	State R.I.	Zip 02905	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Joyce Kailondo		Director Name Arthur Johnson	
Street Address 76 Baxter Street		Street Address 76 Baxter Street	
City Providence	State R.I.	Zip 02905	
Director Name Olusegun Jonah		Director Name	
Street Address 76 Baxter Street		Street Address	
City Providence	State R-I.	Zip 02905	
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 Ademola Jonah		Date 6-15-18	
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE			
FILED C			

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