



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

FILED

JUN 18 2018
 LL 332970
 3:01

RECORDED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 JUN 18 PM 3:00

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 104233		2. Exact name of the Corporation Minister's Conference Empowerment	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Promote churches, preach and lead people to christ. Promote News paper publication, promote DVD, cassette, video	
4. NAICS Code 813110			
6. Principal Office Address 87 Althes street Pnv.		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. Dr. Valentine Olawoyin		Vice-President Name Oyenuke Adigun Anonue	
Street Address 87 Althes street		Street Address 8836 Brown Valley	
City Providence	State RI	City Cambry	State TN
Zip 02907		Zip 46113	
Secretary Name Olubunmi Wuraola		Treasurer Name Abidemi Awosanya	
Street Address 1 Westgrove Court		Street Address 8826 Hope well Court	
City Mansfield	State Tx	City Cambry	State TN
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 Anu oluwabo Popoola		Director Name Moses oluwafemi Olawoyin	
Street Address 1 Westgrove Court		Street Address 1 Westgrove Court	
City Mansfield	State Tx	City Mansfield	State Tx
Zip 76063		Zip 76063	
Director Name Olubunmi Wuraola		Director Name Favuk Adigun	
Street Address 1 Westgrove Court		Street Address 8836 Browns Valle	
City Mansfield	State Tx	City Cambry	State IN
Zip 76063		Zip 46113	
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 Rev. Dr. Valentine Olawoyin			Date 6/18/2018
Signature of Officer/Authorized Representative 			