



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

Annual Report for the year:  
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.

FILED

JUN 18 2018  
LL 332970  
3:01

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

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Rev. Dr. Valentine Olawoyin		Vice-President Name Oyenuke Adigun Annonu	
Street Address 87 Althes street		Street Address 8836 Brown Valley	
City Providence	State RI Zip 02907	City Camby	State TN 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 Zip 76063	City Camby	State TN Zip 46113
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Anu oluwapo Popoola		Director Name Moses oluwafemi Olawoyin	
Street Address 1 Westgrove Court		Street Address 1 Westgrove Court	
City Mansfield	State TX Zip 76063	City Mansfield	State TX Zip 76063
Director Name Olubunmi Wuraola		Director Name Faruk Adigun	
Street Address 1 Westgrove Court		Street Address 8836 Browns Valley	
City Mansfield	State TX Zip 76063	City Camby	State IN 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.			
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. Dr. Valentine Olawoyin			Date 6/18/2018
Signature of Officer/Authorized Representative 			