



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

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.

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SECRETARY OF STATE
CORPORATIONS DIV
2018 JUN 19 PM 12:31

1. Entity ID Number 138014		2. Exact name of the Corporation City of Christ International Church	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island AS A Christian ministry, we teach Christian values and principles in our church services, workshops, seminars, and conferences. Periodically, we reach out to the less fortunate in our society.	
4. NAICS Code 813110			
6. Principal Office Address 92 Cumberland, Broad St.		City Cumberland	State RI
		Zip 02864	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Augustine A. Makor		Vice-President Name	
Street Address 398 East Ave.		Street Address	
City Pawtucket	State RI	Zip 02860	
Secretary Name Georgia J. Duncan		Treasurer Name Motee Faith Zannah	
Street Address 161 Whitford Ave		Street Address 19 Hamson St Apt #7	
City Providence	State RI	Zip 02908	City Pawtucket
			State RI
			Zip 02860
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 Augustine A. Makor		Director Name Maria A. Diggs	
Street Address 398 East Ave.		Street Address 1611 Pennington Rd.	
City Pawtucket	State RI	Zip 02860	City Philadelphia
			State PA
			Zip 19151
Director Name Georgia J. Duncan		Director Name Paul J. Chagnon	
Street Address 161 Whitford Ave		Street Address 71 Fales St. Apt #4	
City Providence	State RI	Zip 02908	City Central Falls
			State RI
			Zip 02863
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 AUGUSTINE MAKOR			Date 6/14/18
Signature of Officer/Authorized Representative 			FILED
JUN 19 2018			

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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