



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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STATE
CORPORATIONS DIV
2018 JUN 29 AM 10:47

1. Entity ID Number 001668752		2. Exact name of the Corporation End Time Church	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Serving the needs of the Community and Church Services	
4. NAICS Code 813110			
6. Principal Office Address 1828 Westminister Street		City Providence	State RI
		Zip 02909	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Damulola Akinlape		Vice-President Name Tunde Akinlape	
Street Address 1828 Westminister street		Street Address 1828 Westminister street	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Secretary Name Oluwafunke Akinlape		Treasurer Name Helen Akinlape	
Street Address 1828 Westminister		Street Address 1828 Westminister	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
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 Helen Akinlape		Director Name Damulola Akinlape	
Street Address 1828 Westminister street		Street Address 1828 Westminister street	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Director Name Oluwafunke Akinlape		Director Name Tunde Akinlape	
Street Address 1828 Westminister Street		Street Address 1828 Westminister Street	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative Helen Akinlape		Date 6/29/18	
Signature of Officer/Authorized Representative <i>[Signature]</i>		FILED	
SIGN DOCUMENT HERE JUN 29 2018 BY 333892			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov