



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
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7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name Damulola Akinlape			Vice-President Name Tunde Akinlape		
Street Address 1828 Westminister street			Street Address 1828 Westminister street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Oluwafunke Akinlape			Treasurer Name Helen Akinlape		
Street Address 1828 Westminister			Street Address 1828 Westminister		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name Helen Akinlape			Director Name Damulola Akinlape		
Street Address 1828 Westminister street			Street Address 1828 Westminister street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Director Name Oluwafunke Akinlape			Director Name Tunde Akinlape		
Street Address 1828 Westminister Street			Street Address 1828 Westminister Street		
City Providence	State RI	Zip 02909	City Providence	State RI	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.

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 Helen Akinlape	Date 6/29/18
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Signature of Officer/Authorized Representative **FILED**
JUN 29 2018
BY **333892**