



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 JUL 17 PM 1:37

1. Entity ID Number 1070268		2. Exact name of the Corporation The Redeemed Christian Church of God Holy Ghost House	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To propagate the moral teaching, and the gospel of Jesus Christ. To show and give the love of God to the people of all Nations.	
4. NAICS Code 813110			
6. Principal Office Address 213 Laurel Hill Ave		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 MOSES OJE		Vice-President Name Christiana Fagboto	
Street Address David Adebayo 95 Kimball St.		Street Address 6 Peppermint St.	
City 213 La Providence	State RI	City Johnston	State RI Zip 02911
Secretary Name David Adebayo		Treasurer Name David Adebayo	
Street Address 213 Laurel Hill Ave		Street Address 213 Laurel Hill Ave	
City Providence	State RI	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 <input type="checkbox"/>			
Director Name Ebenezer Awe		Director Name Emmanuel Awopaju	
Street Address 10 Galileo Ave		Street Address 213 Laurel Hill Ave	
City Providence	State RI	City Providence	State RI Zip 02909
Director Name MOSES OJE		Director Name	
Street Address 95 Kimball St.		Street Address	
City Providence	State RI	City	State Zip
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 MOSES OJE		Date 7/17/18	
Signature of Officer/Authorized Representative <i>Moses Oje</i>		FILED JUL 17 2018 BY <i>335049</i>	