



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

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SECRETARY OF STATE
CORPORATIONS DIV

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Annual Report for the year:

Non-Profit Corporation

2018

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 158806		2. Exact name of the Corporation WONDER HOUSE OF FAITH MINISTRIES	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CHURCH	
4. NAICS Code 813110			
6. Principal Office Address 1525 SMITH ST, UNIT 3		City NORTH PROV	State RI
		Zip 02911	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name PASTOR BETSY KIVIE		Vice-President Name PASTOR VINCENT KIVIE	
Street Address 100 CENTRAL AVE		Street Address 100 CENTRAL AVE	
City N. PROV	State RI	City N. PROV	State RI
Zip 02911		Zip 02911	
Secretary Name RICHARD OGUMOLA		Treasurer Name SHOLA SALAKO	
Street Address 67 BELMONT AVE		Street Address 185 DEXTER ST, APT 1	
City PROVIDENCE	State RI	City PAWTUCKET	State RI
Zip 02908		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 RICHARD OGUMOLA		Director Name EMMANUEL KUTI	
Street Address 67 BELMONT AVE		Street Address 7 DOSCO DRIVE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02908		Zip 02904	
Director Name PST VINCENT KIVIE		Director Name OLABISI OGUNUOKI	
Street Address 100 CENTRAL AVE		Street Address 3545 GRACE AVE	
City N. PROV	State RI	City BRONX	State NY
Zip 02911		Zip 10466	
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 PASTOR VINCENT KIVIE			Date 02-11-19
Signature of Officer/Authorized Representative <i>Vincent Kivie</i> FILED			

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BY CN R2V1B