



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

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CORPORATIONS DIV.

Annual Report for the year: 2017
Non-Profit Corporation

FILED

APR 16 2019

2019 APR 16 AM 11:35

- 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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11:39

1. Entity ID Number 000107135		2. Exact name of the Corporation CHRIST GOSPEL CHURCH INC.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PENTECOSTAL CHURCH, MINISTRY PASTORAL, FAITH PRAYER, HEALING & MINISTRY	
4. NAICS Code 813110			
6. Principal Office Address 566, WOODSQUATTICKET AV'		City PROVIDENCE	State RI
		Zip 02911	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name APOSTLE, DR. JOSEPH O. AJAO		Vice-President Name PROPHETESS, A.E. AJAO	
Street Address 3619 BRIDGEBLUFF LN		Street Address 3619 BRIDGEBLUFF LN	
City KATY	State TX	City KATY	State TX
Zip 77449	Zip 77449	Zip 77449	Zip 77449
Secretary Name KOLAWOLE STEVE		Treasurer Name BROTHER MOSES ATOLANI	
Street Address 3619 BRIDGEBLUFF LN		Street Address 318 SANLES STREET	
City KATY	State TX	City PROVIDENCE	State RI
Zip 77449	Zip 77449	Zip 02905	Zip 02905
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 BROS, SUNNY ACADA		Director Name PASTOR, ADEREM OLADIPO	
Street Address #200, SWAN STREET		Street Address #70, RESERVIOR AVENUE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02905	Zip 02905	Zip 029860	Zip 029860
Director Name KOLAWOLE STEVE		Director Name DEACONESS, LYABO OLADIPO	
Street Address 3619 BRIDGEBLUFF LN		Street Address #70, RESERVIOR AVENUE	
City KATY	State TX	City PAWTUCKET	State RI
Zip 77449	Zip 77449	Zip 029860	Zip 029860
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.			
<i>This report must be signed by either: the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative APOSTLE, DR. JOSEPH O. AJAO			Date 3-9-2019
Signature of Officer/Authorized Representative 			

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

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