



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

Annual Report for the year:  
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.

FILED

APR 16 2019

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SECRETARY OF STATE  
CORPORATIONS DIV  
2019 FEB -8 AM 10:26

1. Entity ID Number 107135		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 EVANGELISM, FAITH/PRAYER, HEALING MINISTRY.	
4. NAICS Code 813110			
6. Principal Office Address 566, WOONSQUATUCKET AVENUE		City PROVIDENCE	State RI
		Zip 02911.	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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 TEXAS	City KATY	State TEXAS
Zip 77449		Zip 77449	
Secretary Name KOTAWOLE STEVE AJAO		Treasurer Name BROTHER, MOSES ATOLANI	
Street Address 3619 BRIDGEBLUFF LN		Street Address 318 SAYLES STREET	
City KATY	State TEXAS	City PROVIDENCE	State RI
Zip 77449		Zip 02905	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name BROS. SUNNY AGANA		Director Name PASTOR ADEREMI OLADIPO	
Street Address #200, SWAN STREET		Street Address #70, RESERVOIR AVENUE	
City PROVIDENCE	State RI	City PAWTUCKET	State RI
Zip 02905		Zip 029860	
Director Name SIS. OLIYUNKE ADESANYA		Director Name DEACONESS, IYABO OLADIPO	
Street Address WOONSQUATUCKET AVENUE		Street Address #70, RESERVOIR AVENUE	
City N. PROVIDENCE	State RI	City PAWTUCKET	State RI
Zip 02911		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.			
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 APOSTLE, DR. JOSEPH O. AJAO			Date 3-9-2019
Signature of Officer/Authorized Representative JOSEPH O. AJAO			