



Department of State - Business Services Division

Annual Report for the year: 2019

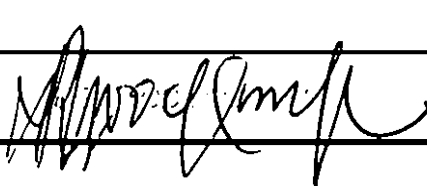
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

2019 MAY 29 PM 2:02

1. Entity ID Number 000106536		2. Exact name of the Corporation CAPSTONE MINISTRIES INCORPORATED			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PREACHING THE GOSPEL OF THE KINGDOM OF GOD			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 110 RUGGLES STREET		City PROVIDENCE		State RI	Zip 02908
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name ABDUL-RASHID O. OWOYEMI			Vice-President Name		
Street Address 43 FALLON AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
Secretary Name MODUPE MARGARET OWOYEMI			Treasurer Name JOANNE AVERY		
Street Address 43 FALLON AVENUE			Street Address 20 BINFORD STREET		
City PROVIDENCE	State RI	Zip 02908	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name VICTOR I. ADEGBESAN			Director Name MIKE NOTARIANNI		
Street Address 113 HARRIETT STREET			Street Address 50 LIBERA SREET		
City HAMPTON	State SC	Zip 29924	City CRANSTON	State RI	Zip 02920
Director Name CAROLINE A. ADEGUN			Director Name GBENGA S. YNUSA		
Street Address 159 PUTNAM STREET			Street Address 10813 GREEN ASH LANE		
City E. PROVIDENCE	State RI	Zip 02914	City BELTSVILLE	State MD	Zip 20708
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<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 PASTOR ABDUL-RASHID O OWOYEMI				Date 5-21-2019	
Signature of Officer/Authorized Representative 				<b>FILED</b> MAY 29 2019 BY 