

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.

	FILED	
	JUN 2 0 2019	
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4. Cata ID Musela	2 5	(1) - 0						
1. Entity ID Number 001658736								
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island							
RHODE ISLAND	TO WORSHIP GOD, PROCLAIM CHRIST'S LOVE AND TO TRANSFORM LIVES							
4. NAICS Code	THROUGH SERVICES.							
813110								
6. Principal Office Address			City	State	Zip			
73 UNION AVENUE			PROVIDENCE	RI	02909			
7. List ALL officers (names and addresses)  Check the box to indicate an attachment								
President Name BISHOP AMOS F	AGBAMIYE		Vice-President Name VEN. INNOCENT NWOGWUGWU					
Street Address 8350 DITCH ROA	D		Street Address 339 SAYLES AVENUE					
City INDIANAPOLIS	State IN	<sup>Zıp</sup> 46260	City PAWTUCKET	State RI	<sup>Zip</sup> <b>02860</b>			
Secretary Name IKECHUKWU MI	CHAEL		Treasurer Name MRS. AJIKE ILORI					
Street Address 339 SAYLES AVE			Street Address 1029 WESTMINSTER STR.					
City PAWTUCKET	State RI	Zip <b>02860</b>	City PROVIDENCE	State RI	Z <sup>-p</sup> 02903			
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment								
Director Name CYRIL UBIEM	-		Director Name OBY UBIEM					
Street Address 75 BITTERSWEE	T LN		Street Address 75 BITTERSWEET LN					
City RANDOLPH	State MA	<sup>Zip</sup> 02368	City RANDOLPH	State MA	<sup>Zip</sup> <b>02368</b>			
Director Name GLORIA NWOGV	VUGWU		Director Name					
Street Address 339 SAYLES AVE			Street Address					
City PAWTUCKET	State RI	Zip 02860	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 Trustec								
Name of Officer/Authorized Repres VEN. INNOCENT NWOGWUG			Date 06/17/2019					
Signature of Officer/Authorized Representative  SIGN DOORSEN HERE								
- ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (								

MAIL TO:

**Division of Business Services** 

148 W. River Street. Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov