



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
 Non-Profit Corporation

2019 DEC 24 PM 2:08

- 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 000120169		2. Exact name of the Corporation Christ Apostolic church W.D.S.E.M Rhode Island Branch			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Church for the community, Bible reading and teaching			
4. NAICS Code 813110					
6. Principal Office Address 311 Prairie Ave		City Providence	State RI	Zip 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name T. D. OBadare		Vice-President Name None			
Street Address 311 Prairie Ave		Street Address			
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name Segun Omotayo		Treasurer Name Kehinde Adewemi			
Street Address 441 Woodasquacket Ave		Street Address 67 Columbus Ave			
City N. Providence	State RI	Zip 02911	City N. Providence	State RI	Zip 02911
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 Ayodeji Adeleke		Director Name Owolabi Olowookere			
Street Address 999 Charles Street #3		Street Address 99 Farm Street			
City N. Providence	State RI	Zip 02904	City Woonsocket	State RI	Zip 02895
Director Name Akin Akanji		Director Name Oluseji Akanji			
Street Address 292 Academy Ave		Street Address 19 Jason Drive			
City Providence	State RI	Zip 02908	City Lincoln	State RI	Zip 02865
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Ayodeji Adeleke				Date 12/24/19	
Signature of Officer/Authorized Representative 				FILED	

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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