RI SOS Filing Number: 202040614690 Date: 5/21/2020 4:00:00 PM

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 MAY 21 AM 10: 14

Annual Report for the year: 2020
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.

1. Entity ID Number	2. Exact name of the Corporation
001683269	Christ Apostolic Church Redemption of Glory
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Religious Activities, Place of worship Missionary Outraeches
4. NAICS Code: 813110 - Religious Organ	

6. Principal Office Address	City	State	Zip
127 Burnett street	Providence	RI	02907

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Adewunmi Israel Akinbo			Vice-President Name: Rachel B Akinbo		
Street Address: 127 Burnett street			Street Address: 127 Burnet street		
City: Providence	State: RI	Zip: 02907	City: Rovidence	State: RI	Zip: 02907
Secretary Name: Stephen I Akinbo			Treasurer Name: Ayobami C Akinbo		
Street Address: 1307 Cranston street			Street Address: 1307 Cranston street		
City: Cranston	State:	Zip: 02920	City: Cranston	State: RI	Zip: 02920

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Stephen I Akinbo			Director Name: Ayobami CAkinbo		
Street Address: 1307 Cranston street			Street Address: 1307 Cranston street		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920
Director Name: Rachel B Akinbo			Director Name: Faith F Akinbo		
Street Address: 127 Burnett street			Street Address: 308 Laurel Hill Ave		
City: Providence	State: RI	Zip: 02907	City: Providence	State: RI	Zip: 02909

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	Date
Adewunmi Israel Akinbo	5/20/20

Signature of Officer/Authorized Representative

SIGN DOCUMENT

FILED
MAY 21 2020

KL R2GS5
10:14

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

FORM 631 - Revised: 06/2019