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

Annual Report for the year: Yr 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.

FILED
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1. Entity ID Number	2. Exact name of the Corporation
1689705	THE CENTER FOR DIVINE SECRETS
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: the Gospel of Jesus Christ and to preach people understand the words of God, to let the Healthy Christian Life of Biblical Standard enhance Strengthening Family Units and to Pray for the for Steady.
4. NAICS Code: 813110	

6. Principal Office Address: 815, Sandylane Apt 54 | City: Warwick | State: RI | Zip: 02889

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

President Name: Titus Adeniyi Jegede	Vice-President Name: Emmanuel Adekunmi Jegede
Street Address: 19 Balogun Cresent Oke-odo	Street Address: 19, Balogun Cresent Oke Odo
City: Abule Egba | State: Lagos | Zip: NIGERIA	City: Abule Egba | State: Lagos | Zip: Nigeria
Secretary Name: Timothy Adesiji Jegede	Treasurer Name:
Street Address: 19, Balogun Cresent Oke-Odo	Street Address:
City: Abule Egba | State: Lagos | Zip: Nigeria	City: | State: | Zip:

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

Director Name: Titus Adeniyi Jegede	Director Name: Timothy Adesiji Jegede
Street Address: Same As Above	Street Address: 19, Balogun Cresent Oke odo
City: | State: | Zip:	City: Abule Egba | State: Lagos | Zip: NIGERIA
Director Name: Emmanuel Adekani Jegede	Director Name:
Street Address: Same As Above	Street Address:
City: | State: | Zip:	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 Trustee.

Name of Officer/Authorized Representative: Eunice O. Omisore | Date: 6/22/20

Signature of Officer/Authorized Representative: Omisore

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R.I. DEPT OF STATE
BUS SVCS DIV
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov