



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2020

FILED

APR 14 2021

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

BY AL 574

1. Entity ID Number 61245		2. Exact name of the Corporation CHRIST APOSTOLIC CHURCH OF PROVIDENCE, RI	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Religious Activities, Spreading of the gospel of Christ and ministering to the needy, feeding the poor and homeless people. - other ministerial duties	
4. NAICS Code 813110			
6. Principal Office Address 172 BERKSHIRE STREET		City PROVIDENCE	State RI
		Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name PASTOR ALEX OLABANJI		Vice-President Name EVANGELIST T. AKINRIMISI	
Street Address 172 BERKSHIRE STREET		Street Address 142 SEAMONS STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02908		Zip 02908	
Secretary Name ELDER BUNMI AWOPILEDIA		Treasurer Name EVANGELIST DAVID OTURU	
Street Address 47, CARR STREET		Street Address 9 YORK ROAD	
City PROVIDENCE	State RI	City JOHNSTON	State RI
Zip 02905		Zip 02909	
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 EVANGELIST TOLU AKINRIMISI		Director Name ELDER BUNMI AWOPILEDIA	
Street Address 142 SEAMONS STREET		Street Address 47, CARR STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02908		Zip 02905	
Director Name DEACON C. YUSSUFF		Director Name DEACON BABATUNDE TAIWO	
Street Address 22 BROOM STREET		Street Address 74 SALINA STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02905		Zip 02908	
9. The Registered Agent information of record with the RI Department of State is accurate. 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 4/12/2021
Signature of Officer/Authorized Representative BUNMI AWOPILEDIA			

MAIL TO:

Division of Business Services

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