



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year:

Non-Profit Corporation

2020

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). RI Corporations MUST list at least THREE directors. 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	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Secretary Name ELDER BUNMI AWOPIEDA			Treasurer Name EVANGELIST DAVID OJURU		
Street Address 47, CARR STREET			Street Address 9 YORK ROAD		
City PROVIDENCE	State RI	Zip 02905	City JOHNSTON	State RI	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 AWOPIEDA		
Street Address 142 SEAMONS STREET			Street Address 47, CARR STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	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	Zip 02905	City PROVIDENCE	State RI	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative 					Date 4/12/2021
Signature of Officer/Authorized Representative Bunmi Awopieda					

MAIL TO:
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