



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAY 21 P 1:49

1. Entity ID Number 70513		2. Exact name of the Corporation THE CHRISTIAN POWER HOUSE (MINISTRY)	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island PREACH THE GOSPEL OF JESUS AND SPREAD THE GOOD NEWS TO THE WORLD HELD THE DOOR AND WRITE BOOKS	
4. NAICS Code 813110			
6. Principal Office Address 87 ALTHEA STREET		City PROVIDENCE	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name REV VALENTINE OLAWOYIN		Vice-President Name DR TWINI ADEYEMO	
Street Address 87 ALTHEA STREET		Street Address 747 ALTHEA ST	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02907		Zip 02907	
Secretary Name ABIDEIMI AWOSAMYIN		Treasurer Name MARIA WURAOA	
Street Address 8626 HOPE WELL		Street Address WEST GROVE COURT	
City CAMBY	State IN	City MANUS FIELD	State TEXAS
Zip 46113		Zip 76063	
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 DADDY WURAOA		Director Name PARA OLAWOYIN	
Street Address 1 WEST GROVE		Street Address 1013 WATSON DRIVE	
City MANUS FIELD	State TEXAS	City MANUS FIELD	State TX
Zip 76063		Zip 76063	
Director Name YETUNDE OLAWOYIN		Director Name KIARINA CARTER	
Street Address 87 ALTHEA STREET		Street Address 26 CALETON STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02907		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 REV VALENTINE OLAWOYIN			Date May 21, 2021
Signature of Officer/Authorized Representative 			

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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