



State of Rhode Island  
Department of State - Business Services Division

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.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

STATE

2021 MAY 21 P 1:50

1. Entity ID Number <u>70513</u>		2. Exact name of the Corporation <u>The Christian Power House</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>The Christian Power House</u>	
4. NAICS Code <u>812310</u>		<u>Preach the gospel.</u>	
6. Principal Office Address <u>87 Althea Street</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02907</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Rev Valentine Olawoyin</u>		Vice-President Name <u>DR TUNJI ADEYEMO</u>	
Street Address <u>87 Althea St. Pr.</u>		Street Address <u>747 ALTHEA ST.</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02907</u>		Zip <u>02909</u>	
Secretary Name <u>A Benjamin Awagwa</u>		Treasurer Name <u>MARIA WUKAOLA</u>	
Street Address <u>866 Hope Hill St</u>		Street Address <u>1 WEST GROVE COURT</u>	
City <u>comby</u>	State <u>IN</u>	City <u>MANFIELD</u>	State <u>TEXAS</u>
Zip <u>46113</u>		Zip <u>76063</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>DABBU WUKAOLA</u>		Director Name <u>DARIA OLAWOYIN</u>	
Street Address <u>1 WEST GROVE</u>		Street Address <u>1613 WATSON DRIVE</u>	
City <u>MANFIELD</u>	State <u>TEXAS</u>	City <u>MANFIELD</u>	State <u>TX</u>
Zip <u>76063</u>		Zip <u>76063</u>	
Director Name <u>YETWADE OLAWOYIN</u>		Director Name <u>KARINA CARTER</u>	
Street Address <u>87 ALTHEA STREET</u>		Street Address <u>26 CALETON STREET</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02907</u>		Zip <u>02908</u>	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 <u>BEV VALENTINE OLAWOYIN</u>		Date <u>MAY 21, 2020</u>	
Signature of Officer/Authorized Representative 			

FILED

MAY 21 2021

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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