



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2021

→ 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 JUN -1 P 1:05

1. Entity ID Number 000567433		2. Exact name of the Corporation The Redeemed Christian Church of God, Potters House	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To propagate the Teachings and Morals of Jesus christ	
4. NAICS Code 813110			
6. Principal Office Address 213 Laurel Hill Avenue		City Providence	State RI Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Pastor Moses Ojo		Vice-President Name Tunde Adedire	
Street Address 95 Kimball Street		Street Address 175 Enfield Ave	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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 Tunde Adedire		Director Name Tolu Adedire	
Street Address 175 Enfield Ave		Street Address 175 Enfield Ave	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
Director Name Florence Olajide		Director Name Francis Adesanya	
Street Address 61 Clyn Street		Street Address 61 Clyn Street	
City Providence	State RI	City Providence	State RI
Zip 02908		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 Moses Ojo		Date 6/6/2021	
Signature of Officer/Authorized Representative <i>[Signature]</i>			

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JUN 07 2021

BY *[Signature]*