RI SOS Filing Number: 202197900150 Date: 6/7/2021 4:00:00 PM

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 JUN -7 P 1:05

1. Entity ID Number	2. Exact name of the Corporation
000133176	The Redeemed Christian Church of God Victory House of Prayers for All Nations
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To Propagate the Doctrines of Christianity, To Preach the Gospel and Teach Morals of Jesus Christ.
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
213 Laurel Hill Avenue	Providence	RI	02909

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Pastor Moses Oje			Vice-President Name: Ebenezer Awe		
Street Address: 95 Kimball street			Street Address: 10 Galileo Ave		
City: Providence	State: RI	Zip: 02908	City: Providence	State: RI	Zip: 02909
Secretary Name: Omodele Oyetapo			Treasurer Name: David Adebayo		
Street Address: 33 Rosa Street			Street Address: 219 High Service Ave		
City: N Providence	State: RI	Zip: 02904	City: N Providence	State: RI	Zip: 02904

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Beatrice Oje			Director Name: Babatope Ajiboye		
Street Address: 95 Kimball Street			Street Address: 213 Laurel Hill Ave		
City: Providence	State: RI	Zip: 02908	City: Providence	State: RI	Zip: 02909
Director Name: Nora Giddings			Director Name:		
Street Address: 213 Laurel Hill Ave			Street Address:		
City: Providence	State: RI	Zip: 02909	City:	State:	Zip:

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
Moses Oje	6/6/2021

Signature of Officer/Authorized Representative: [signature]

FILED
JUN 07 2021
BY CA 07962

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020