



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 001690465		2. Exact name of the Corporation Redeemed Christian Church of God, Mercy of God Parish for All Nations	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Propagation of the Doctrines and Teachings of Jesus Christ. Giving of the love of God to people of All Nations	
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 Mose Oja		Vice-President Name Bankole Emmanuel	
Street Address 213 Laurel Hill Avenue		Street Address 31 Mawney Street	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Secretary Name Peter Okhiani		Treasurer Name	
Street Address 53 Fisk Street		Street Address	
City Providence	State RI	City	State
Zip 02905		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 Moses Oja		Director Name Bankole Emmanuel	
Street Address 213 Laurel Hill Ave		Street Address 31 Mawney Street	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02907	
Director Name Peter Okhiani		Director Name	
Street Address 53 Fisk Street		Street Address	
City Providence	State RI	City	State
Zip 02905		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 Mose Oja		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]*

FORM 631 - Revised: 08/2020