



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.

STAMP

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

1. Entity ID Number 001070268		2. Exact name of the Corporation The Redeemed Christian Church of God Holy Ghost House	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To propagate the moral, the teaching and the Gospel of Jesus Christ, To show and give the Love of God to the 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 ☐			
President Name Moses Oje		Vice-President Name Adetutu Morolari	
Street Address 95 Kimball Street		Street Address 213 Laurel Hill Ave	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02909	
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 ☐			
Director Name Christiana Fagbote		Director Name Emmanuel Awopeju	
Street Address 213 Laurel Hill Ave		Street Address 213 Laurel Hill Ave	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Director Name Grace Awopeju		Director Name	
Street Address 213 Laurel Hill Ave		Street Address	
City Providence	State RI	City	State
Zip 02909		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 Moses Oje			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

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