



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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2021 JUN -9 A 9:41

Articles of Incorporation

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$35.00

The undersigned, acting as incorporator(s) of a corporation under RIGL 7-6-34, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is:

CHRIST APOSTOLIC CHURCH SOUTH PROVIDENCE DISTRICT

2. The period of its duration is: CHECK ONE BOX ONLY

☒ Perpetual (on-going)

☐ Date certain for dissolution _____

3. The specific purpose or purposes for which the corporation is organized are:

CHURCH ORGANIZATION TO SPREAD THE GOSPEL OF CHRIST AND MINISTER TO THE NEEDY, PRAYER FOR THE NATION ALL PEOPLE

Check the box to indicate an attachment ☐

4. Provisions, if any, not consistent with the law, which the incorporators elect to set forth in these Articles of Incorporation for the regulation of the internal affairs of the corporation are:

Check the box to indicate an attachment ☐

5. Name and address of the initial registered agent/office in Rhode Island is:

Agent Name PASTOR OLUBUNMI IBITOYE

Street Address (NOT a P.O. Box)

90 ALDRICH STREET

City PROVIDENCE

State RHODE ISLAND

Zip Code 02905

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY [Signature] IC TND
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6. The number of the initial Board of Directors of the Corporation is 4 (not less than 3 directors) and the names and address of the persons who are to serve as the initial directors are:

NAME	ADDRESS
PASTOR OLUBUNMI IBITOYE	189 PAVILION AVE PROVIDENCE RI 02905
PASTOR ISRAEL AKINBO	539 ARMISTICE BLVD PAINTUCKET RI 02881
EVANGELIST RACHEL AKINBO	539 ARMISTICE BLVD PAINTUCKET RI 02881
VICTORIA IBITOYE	189 PAVILION AVE PROVIDENCE RI 02905

Check the box to indicate an attachment ☐

7. The name and address of each incorporator is:

NAME	ADDRESS
OLUBUNMI IBITOYE	189 PAVILION AVE PROVIDENCE RI 02905

Check the box to indicate an attachment ☐

8. Date when these Articles of Incorporation will be effective: CHECK ONE BOX ONLY

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 30 days from the date of filing) _____

Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Incorporator	Date
OLUBUNMI IBITOYE	06-08-2021

Signature of Incorporator
<i>[Signature]</i>

Type or Print Name of Incorporator	Date

Signature of Incorporator

Type or Print Name of Incorporator	Date

Signature of Incorporator



State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

June 09, 2021 09:41 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

