RI SOS Filing Number: 202198492870 Date: 6/21/2021 4:00:00 PM

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.

1. Entity ID Number	2. Exact name of the Corporation
001694232	GENESISGLOBAL USA
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RHODE ISLAND	CHRISTIAN RELIGIOUS ORGANIZATION(NON-PROFIT)
4. NAICS Code	
813110	

6. Principal Office Address	City	State	Zip
1 STONE STREET			

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

President Name	Street Address	City	State	Zip
MR WAHEED ADEYEMI	1 STONE STREET	PROVIDENCE	RI	02904

Vice-President Name	Street Address	City	State	Zip
MR OLUSEGUN JOSEPH ASHLEY	17 CHESTNUT STREET	#201, WALTHAM	MA	02454

Secretary Name	Street Address	City	State	Zip
MR SEGUN MEDUNOYE	7-20040 CONCORD	DETROIT	MI	48234

Treasurer Name	Street Address	City	State	Zip
MARIA OLAYINKA AMODU	4211 58TH AVENUE, APT 1D,	BLADENSBURG,	MD	20710

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

Director Name	Street Address	City	State	Zip
MR WAHEED ADEYEMI	1 STONE STREET	PROVIDENCE	RI	02904

Director Name	Street Address	City	State	Zip
MR OLUSEGUN JOSEPH ASHLEY	17 CHESTNUT STREET	#201, WALTHAM	MA	02454

Director Name	Street Address	City	State	Zip
MR SEGUN MEDUNOYE	7-20040 CONCORD	DETROIT	MI	48234

Director Name	Street Address	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
MR WAHEED ADEYEMI	6-21-21

Signature of Officer/Authorized Representative

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 21 2021
BY 202178999572 A.A.

FORM 631 - Revised: 08/2020