RI SOS Filing Number: 202198504320 Date: 6/22/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: Yr. 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.

1. Entity ID Number	2. Exact name of the Corporation
1689705	The Centre For Divine Secrets
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To disseminate the Gospel of Jesus christ and the words of God. To enhance Wealthy Christian life and sound expository preaching and teaching of Biblical Standard for strengthening Unites and to pray for the Needy. Family
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
48, Daniel St	Providence	RI	02909

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

President Name	Vice-President Name
Titus Adeniyi Jegede	Emmanuel Adekunmi Jegede
Street Address: 19, Balogun Cresent Oke-Odo	Street Address: 19, Balogun Cresent oke-odo
City: Abule Egba / State: Lagos / Zip: Nigeria	City: Abule Egba / State: Lagos / Zip: Nigeria
Secretary Name: Timothy ~~Adeniyi~~ Adesiji Jegede	Treasurer Name
Street Address: Same Adress	Street Address
City / State / Zip	City / State / 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	Director Name
Titus Adeniyi Jegede	Timothy Adesiji Jegede
Street Address: Same As Aboue	Street Address: 19, Balogun Cresent Oke-odo
City / State / Zip	City: Abule Egba / State: Lagos / Zip: Nigeria
Director Name: Emmanuel Adekanmi	Director Name
Street Address: Same As Aboue	Street Address
City / State / Zip	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
Eunice. O. Omisore	6/21/21

Signature of Officer/Authorized Representative: Omisore

FILED
JUN 22 2021
BY

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