



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

Annual Report for the year:
 Non-Profit Corporation

2021

FILED

JUL 21 2021

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY

24305

1. Entity ID Number 107135		2. Exact name of the Corporation CHRIST GLOBAL COVENANT CHURCH.	
3. State of Incorporation RI.		5. Brief description of the character of business conducted in Rhode Island CHURCH. WE TEACH, PREACH THE GOSPEL OF JESUS AND HEAL PEOPLE.	
4. NAICS Code 813110			
6. Principal Office Address 566 WOONASQUATUCKET AVENUE		City PROVIDENCE	State RI
		Zip 02911	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOSEPH O. AJAO.		Vice-President Name PROPHETESS, ADESOJA AJAO.	
Street Address 4619 WESTGARDEN PLACE.		Street Address 4619 WESTGARDEN PLACE.	
City KATY.	State TX	Zip 77449.	City KATY.
	State TX	Zip 77449.	
Secretary Name PASTOR, ADEREMI OLADIPO		Treasurer Name MOSES OLAGOKE ATOLANI.	
Street Address 170, RESERVOIR AVENUE		Street Address 312 SAVLES STREET.	
City PROVIDENCE	State RI	Zip 02860	City PROVIDENCE
	State RI	Zip 02905	
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 DEADNESS, NYABO OLADIPO		Director Name BROS, SKINNY AGADA	
Street Address 70, RESERVOIR AVENUE		Street Address 200, SIKHAN STREET	
City PANUCKET	State RI	Zip 02860	City PROVIDENCE
	State RI	Zip 02905	
Director Name KOLAWOLE STEVE AJAO.		Director Name	
Street Address 4619, WESTGARDEN PLACE		Street Address	
City KATY	State TX	Zip 77449	City
	State	Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative APOSTLE DR. JOSEPH O. AJAO			Date 7/16/21.
Signature of Officer/Authorized Representative JOSEPH O. AJAO			SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov