

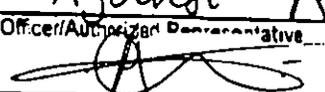
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 State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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.

1. Entity ID Number <b>000120169</b>		2. Exact name of the Corporation <b>Christ Apostolic church W.D.S.E.M Rhode Island Branch</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Church for the community, Bible reading and teaching</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>311 Prairie Ave</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02905</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>T. D. OBadare</b>		Vice-President Name <b>None</b>	
Street Address <b>311 Prairie Ave</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	
Secretary Name <b>Segun Omotayo</b>		Treasurer Name <b>Kehnele Adewemi</b>	
Street Address <b>441 Woodman Street</b>		Street Address <b>67 Columbus Ave</b>	
City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>N. Providence</b>
			State <b>RI</b>
			Zip <b>02911</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Ayodeji Adeleke</b>		Director Name <b>Dwobasi Olowokere</b>	
Street Address <b>999 Charles Street #3</b>		Street Address <b>99 Farm Street</b>	
City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Woonsocket</b>
			State <b>RI</b>
			Zip <b>02895</b>
Director Name <b>Akin Akanji</b>		Director Name <b>Oluwaji Akanji</b>	
Street Address <b>292 Academy Ave</b>		Street Address <b>19 Jason Drive</b>	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Lincoln</b>
			State <b>RI</b>
			Zip <b>02865</b>
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.			
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 <b>Ayodeji Adeleke</b>		FILED 	Date <b>09/21/2021</b>
Signature of Officer/Authorized Representative 		SEP 21-2021	
		BY <b>OR 10C2D</b>	
		<b>11:14</b>	

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