RI SOS Filing Number: 202103189880 Date: 10/14/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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2021 OCT 14 A 9:25

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	2. Exact name of the Corporation
000794235	Council of Nigerian Ministers and Churches
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Community Outreach, Evangelism & Religious Seminar
4. NAICS Code	
813110	

6. Principal Office Address	City	State	Zip
1525 Broad Street	Cranston	RI	02905

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

President Name: Rev. Paul Fakunle			Vice-President Name: Emmanuel Taiwo		
Street Address: 1525 Broad Street			Street Address: 626 Warwick Ave		
City: Cranston	State: RI	Zip: 02905	City: Warwick	State: RI	Zip: 02888
Secretary Name: Gabriel Odukoya			Treasurer Name: Festus O. Otele		
Street Address: 28 Candace street			Street Address: 380 Public Street		
City: PROVIDENCE	State: RI	Zip: 02908	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 ☐

Director Name: Rev. Paul Fakunle			Director Name: Pastor Gabriel Odukoya		
Street Address: 1525 Broad Street			Street Address: 28 Candace Street		
City: Cranston	State: RI	Zip: 02905	City: PROVIDENCE	State: RI	Zip: 02908
Director Name: Pastor Emmanuel Taiwo			Director Name: Pastor Festus Otele		
Street Address: 626 Warwick AVENUE			Street Address: 380 PUBLIC STREET		
City: Warwick	State: RI	Zip: 02888	City: PROVIDENCE	State: RI	Zip: 02905

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
Rev. Paul Fakunle	10/13/21
Signature of Officer/Authorized Representative	
Gabriel Odukoya	10/13/21

FILED
OCT 14 2021
BY [signature]
9:25

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