



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 000082829

**2. Name of Corporation** Kingdom Embassy International

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Principal Office Address**

No. and Street: C/O CHARLES NDIFON  
183 SHUN PIKE

City or Town: JOHNSTON State: RI Zip: 02919 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

A NON-DENOMENATIONAL CHRISTIAN CHURCH, PREACH AND TEACH THE GOSPEL OF JESUS CHRIST

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	CHARLES NDIFON	183 SHUN PIKE

		JOHNSTON, RI 02919 USA
SECRETARY	CHRISTINA J SCARPELLI	5 JENNIFER LANE NORTH SMITHFIELD , RI 02896 USA
DIRECTOR	DONNA NDIFON	183 SHUN PIKE JOHNSTON, RI 02919 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CHARLES NDIFON 20 POLK STREET JOHNSTON , RI 02919

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 23 Day of November, 2021 at 11:22:15 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By CHARLES NDIFON  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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