



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: February 1 - May 1

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: 2022

1. Corporate ID No. 001678798

2. Name of Corporation THE PROCLAIMER CHRISTIAN DRAMA MINISTRY.

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



813110

4. Principal Office Address

No. and Street: 16 VINEYARD STREET

City or Town: PAWTUCKET

State: RI

Zip: 02860

Country: USA

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

TO EVANGELIZE THE TRUE WORD OF GOD

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	OMOWUNMI COMFORT AKINLADE	16,, VINEYARD STREET PAWTUCKET, RI 02860 USA
DIRECTOR	OMOWUNMI COMFORT AKINLADE	16 VINEYARD STREET

		PAWTUCKET, RI 02860 USA
DIRECTOR	REV. DR. OLUSEGUN MARTINS	607 POTTERS AVENUE PROVIDENCE, RI 02907 USA
DIRECTOR	DR. SAMUEL ADEYI	1008 KILLIAN DRIVE MANSFIELD, TX 76063 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**

SALEM GOSPEL MISSION INTERNATIONAL 607 POTTERS AVENUE PROVIDENCE , RI 02907

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

**Signed this 11 Day of July, 2022 at 1:38:37 PM 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 OMOWUNMI COMFORT AKINLADE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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