



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2023

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 JAN 23 A 10:57

1. Entity ID Number 001694232		2. Exact name of the Corporation GENESISGLOBAL USA			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island CHRISTIAN RELIGIOUS ORGANIZATION (NOW-PROFIT)			
4. NAICS Code 81311					
6. Principal Office Address 1 STONE STREET			City PROVIDENCE	State RI	Zip 02904
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name MR WAHEED ADEYEMI			Vice-President Name MR OLUSEGUN ASHLEY JOSEPH		
Street Address 1 STONE STREET			Street Address 17 CHESTNUT STREET		
City PROVIDENCE	State RI	Zip 02904	City #201 WALTHAM	State MA	Zip 02454
Secretary Name MR SEGUN MEDUNOYE			Treasurer Name		
Street Address 7-20040 CONCORD			Street Address		
City DETROIT	State MI	Zip 48234	City	State	Zip
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 MR WAHEED ADEYEMI			Director Name MR OLUSEGUN ASHLEY JOSEPH		
Street Address 1 STONE STREET			Street Address 17 CHESTNUT STREET		
City PROVIDENCE	State RI	Zip 02904	City #201 WALTHAM	State MA	Zip 02454
Director Name MR SEGUN MEDUNOYE			Director Name		
Street Address 7-20040 CONCORD			Street Address		
City DETROIT	State MI	Zip 48234	City	State	Zip
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.					
<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 MR WAHEED ADEYEMI				Date 1-23-23	
Signature of Officer/Authorized Representative 				FILED 1057	
JAN 23 2023					
BY M3 J WAVE					

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