



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 25 P 12:57

1. Entity ID Number 0005536114		2. Exact name of the Corporation THE REDEEMED CHRISTIAN CHURCH OF GOD (RESTORATION CHAPEL)	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island to worship God, to spread the gospel of Jesus christ and to express the love of God to all the people and community at large.	
4. NAICS Code 813110			
6. Principal Office Address 611 Smithfield Ave		City LINCOLN	State RI Zip 02865
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Pastor PETER OGHIANI		Vice-President Name OLUREMI OJO	
Street Address 53 FISK STREET		Street Address 104 NILLAGE ROAD	
City PROVIDENCE	State RI Zip 02905	City WOONSOCKET	State RI Zip 02895
Secretary Name MICHAEL OGUNLEYE		Treasurer Name ADEWALE ADEWAMIKI	
Street Address 22 MARWERN STREET		Street Address CRESCENDO DRIVE	
City PROVIDENCE	State RI Zip 02904	City WARWICK	State RI Zip 02889
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 PETER AKIWOJO		Director Name KONKE OGUMWUNMI	
Street Address 51 JANBY STREET		Street Address 2055 DIAMON HILL RD	
City PROVIDENCE	State RI Zip 02904	City COMBERLAND	State RI Zip 02895
Director Name MOSES OJE		Director Name REGINA OGHIANI	
Street Address 95 KIMBALL STREET		Street Address 53 FISK STREET	
City PROVIDENCE	State RI Zip 02908	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 PETER OGHIANI		FILED 1257	Date 01/25/2023
Signature of Officer/Authorized Representative <i>[Signature]</i>		JAN 25 2023 MS A 53YH	