	State of Rhode		Fee: \$20.00	
~	Office of the Secreta	-		
	148 W. River S			
	Providence RI 029			
1636	(401) 222-30	40		
Non-Profit Corporation Annual Report				
Filing Period: February 1 - May	1			
In accordance with R.I.G.L. 7-6- annual report within the time pre penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2023	3			
1. Corporate ID No. <u>00006</u>	9919			
2. Name of Corporation <u>THE</u> (MOUNT ZION), INC.	HOLY ORDER OF CHEI	RUBIM AND SERAI	PHIM CHURCH	
3. State of Incorporation				
State: <u>RI</u>				
	ARTICLE III			
Using the dropdown labeled NA primary type of activity in which populate a NAICS Code based box on the right. For further ass	h your entity engages. The on the chosen selection. If	box to the right of the the NAICS Code is known	dropdown will	
NAICS Code				
<u>813110</u>				
4. Principal Office Address				
No. and Street: <u>415 CHA</u>	RLES STREET			
City or Town: <u>PROVIDE</u>	ENCE Stat	e: <u>RI</u> Zip: <u>02904</u>	Country: <u>USA</u>	
5. Brief Description of the Character of the Affairs Conducted in Rhode Island				
CHURCH TO WORSHIP GO	<u>DD.</u>			
6. Names and Addresses of th				
	ne Officers and Directors: st be listed individually. Th	e number of DIRECTO	DRS of a Rhode	

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	OLUGBENGA OLUFASOLA	415 CHARLES STREET PROVIDENCE, RI 02904 USA
SECRETARY	ABIODUN ADEYEMI ADESINA	415 CHARLES STREET PROVIDENCE, RI 02904 USA
PRESIDENT	SUNDAY OLUFASOLA	415 CHARLES STREET PROVIDENCE, RI 02904- USA
DIRECTOR	NUSIRAT SALAM	415 CHARLES STREET PROVIDENCE, RI 02904 USA
DIRECTOR	VICTORIA FASHOLA	415 CHARLES STREET PROVIDENCE, RI 02904 USA
DIRECTOR	BISI ANIMASHAUN	415 CHARLES STREET PROVIDENCE, RI 02904 USA
DIRECTOR	GBEMISOLA OLUFASOLA	415 CHARLES STREET PROVIDENCE, RI 02904 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

SUNDAY OLUFASHOLA 415 CHARLES STREET PROVIDENCE , RI 02904

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

Signed this 29 Day of January, 2023 at 9:41:53 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 <u>SUNDAY OLUFASOLA</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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