



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year:
Non-Profit Corporation

2023

RECEIVED
RI DEPT OF STATE
BUS SVCS DIV

FEB 07 2023
BY 3585

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

2023 FEB -7 P 12:55

AA

1. Entity ID Number 000138017		2. Exact name of the Corporation All Nations Revival Center Church of God	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island <i>Religious, social and community development services including but not limited to housing, food distribution, relieving the poor and education, church</i>	
4. NAICS Code 913110			
6. Principal Office Address 50-52 Exchange Street		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Koffi OKOUTA		Vice-President Name	
Street Address 51 Waterman Street		Street Address	
City Pawtucket	State RI	Zip 02861	
Secretary Name		Treasurer Name Kwabame Adu-Gyamfi	
Street Address		Street Address 1 Countryside Drive	
City	State	Zip	
		North Providence	State RI
			Zip 02904
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 Modukpe DONGO		Director Name Rudolph LAWSON	
Street Address 51 Waterman Street		Street Address 20 Baird Ave.	
City Pawtucket	State RI	Zip 02861	
		North Providence	State RI
			Zip 02904
Director Name Oyeyemi Payne		Director Name	
Street Address 15 Harris Ave.		Street Address	
City Lincoln	State RI	Zip 02865	
			State RI
			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 Rev. Koffi A. OKOUTA			Date 2/7/23
Signature of Officer/Authorized Representative <i>Koffi Okouta</i>			