



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 FEB - 7 P 1:22

1. Entity ID Number <b>127408</b>		2. Exact name of the Corporation <b>THE CHURCH OF THE LORD (ALADURA) WORLDWIDE</b>	
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>To have prayer services, and preach, teach the words of God.</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>33 Actna ST.</b>		City <b>Central Falls</b>	State <b>R.I.</b>
		Zip <b>02863</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>BAYO AKINWANDE</b>		Vice-President Name <b>MICHAEL A ERINLE</b>	
Street Address <b>33 Actna St</b>		Street Address <b>33 Actna St.</b>	
City <b>C. Falls.</b>	State <b>R.I.</b>	City <b>C. Falls</b>	State <b>R.I.</b>
Zip <b>02863</b>		Zip <b>02863</b>	
Secretary Name <b>AYODELE AREOLA</b>		Treasurer Name <b>ABIODUN ADEKEYE</b>	
Street Address <b>10 BROAD ST</b>		Street Address <b>87, Lancashire St.</b>	
City <b>C. FALLS</b>	State <b>R.I.</b>	City <b>PROV.</b>	State <b>R.I.</b>
Zip <b>02863</b>		Zip <b>02903</b>	
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 <b>FRIDAY AISAGBONHI</b>		Director Name <b>ADERONKE ODERINDE</b>	
Street Address <b>10 BROAD ST</b>		Street Address <b>33 Actna St</b>	
City <b>C. Falls</b>	State <b>R.I.</b>	City <b>Central Falls</b>	State <b>R.I.</b>
Zip <b>02863</b>		Zip <b>02863</b>	
Director Name <b>ELEMENT IORI</b>		Director Name <b>Rotimi Odewalu</b>	
Street Address <b>87, LANCAASHIRE ST</b>		Street Address <b>40. Hunts St.</b>	
City <b>PROV.</b>	State <b>R.I.</b>	City <b>C. Falls</b>	State <b>R.I.</b>
Zip <b>02903</b>		Zip <b>02863</b>	
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 <b>BAYO AKINWANDE</b>		Date <b>FEB - 23</b>	
Signature of Officer/Authorized Representative <i>[Signature]</i>		<b>FEB 7 2023</b>	