

**State of Rhode Island
Office of the Secretary of State****Fee: \$20.00**Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2023**1. Corporate ID No.** 000106536**2. Name of Corporation** CAPSTONE MINISTRIES INCORPORATED**3. State of Incorporation**State: RI**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813110**4. Principal Office Address**No. and Street: 241 WEBSTER AVENUECity or Town: PROVIDENCEState: RIZip: 02909Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**TO PREACH THE GOSPEL OF JESUS CHRIST.**6. Names and Addresses of the Officers and Directors:**

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	ABDUL RASHID O. OWOYEMI BISHOP	43 FALLON AVENUE PROVIDENCE, RI 02908 USA
SECRETARY	MODUPE MARGARET OWOYEMI	43 FALLON AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	MIKE NOTARIANNI	50 LIGERIA STREET CRANSTON, RI 02920 USA
DIRECTOR	GBENGA S YINUSA	10813 GREEN ASH LANE BELTSVILLE, MD 20708 USA
DIRECTOR	CAROLINE A ADEGUN DEACONNESS	159 PUTNAM STREET E. PROVIDENCE, RI 02908 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

PASTER ABDUL-RASHID W. OLODYEMI 43 FALLON AVENUE PROVIDENCE , RI 02908

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

Signed this 24 Day of March, 2023 at 1:07:37 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 ABDUL RASHID O OWOYEMI
Signature of Authorized Person

Form No. 631
Revised 09/07

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