



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2023  
 Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20,00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**  
**MAR 30 2023**  
 BY 334

1. Entity ID Number <b>000026765</b>		2. Exact name of the Corporation <b>ASIA FOR CHRIST MINISTRY/GRACE BIBLE CHURCH (INC.)</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>CHURCH RELATED ACTIVITIES</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>17 FRIENDSHIP STREET</b>		City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</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>DR (REV) OOMMEN GEORGE KUTTY</b>			Vice-President Name <b>MRS KAMALAMPIKAI KUTTY</b>		
Street Address <b>17 FRIENDSHIP STREET</b>			Street Address <b>17 FRIENDSHIP STREET</b>		
City <b>NORTH PROVIDENC</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>NORTH PROVIDENC</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>REV (DR) DENNIS MONROE, SR</b>			Treasurer Name <b>BISHOP JULIUS ADEFEMIWA</b>		
Street Address <b>139 SANDY BROOK ROAD</b>			Street Address <b>25 MCGUIRE ROAD 309F</b>		
City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>DR (REV) OOMMEN GEORGE KUTTY</b>			Director Name <b>MRS KAMALAMPIKAI KUTTY</b>		
Street Address <b>17 FRIENDSHIP STREET</b>			Street Address <b>17 FRIENDSHIP STREET</b>		
City <b>NORTH PROVIDENC</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>NORTH PROVIDENC</b>	State <b>RI</b>	Zip <b>02904</b>
Director Name <b>REV (DR) OLUSEGUN MARTINS</b>			Director Name <b>REV (DR) DENNIS MONROE, SR</b>		
Street Address <b>205 UNIT STREET</b>			Street Address <b>139 SANDY BROOK ROAD</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>MRS KAMALAMPIKAI KUTTY</b>				Date <b>MARCH 28, 2023</b>	
Signature of Officer/Authorized Representative 					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov