



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.

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BUS SVCS DIV

2023 APR -6 A 10:57

1. Entity ID Number 000133176		2. Exact name of the Corporation The Redeemed Christian Church of God Victory House of Prayers for All Nations, N.A. INC			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To propagata the Doctrines of Christianity. To preach the Gospel and Teach Morals of Jesus Christ			
4. NAICS Code 813110					
6. Principal Office Address 213 Laurel Hill Ave			City Providence	State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Moses Oje			Vice-President Name Olusegun Ogunboke		
Street Address 95 Kimball Ave			Street Address 213 Laurel Hill Ave		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02909
Secretary Name Imadele - Ojedepo			Treasurer Name David Adebayo		
Street Address 17 Harris Ave			Street Address 219 High Service Ave		
City Lincoln	State RI	Zip 02802	City N. 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 Beatrice Oje			Director Name Babatope Ajiboye		
Street Address 95 Kimball St.			Street Address 213 Laurel Hill Ave		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02909
Director Name Nota Giddings			Director Name		
Street Address 213 Laurel Hill Ave			Street Address		
City Providence	State RI	Zip 02909	City	State	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 Moses Oje					Date 4/6/2023
Signature of Officer/Authorized Representative <i>[Signature]</i>					FILED

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

APR 06 2023
BY ML 2664