



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

JUN 20 2023 *02*
 257

Annual Report for the year: 2023
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 107135.		2. Exact name of the Corporation CHRIST GLOBAL COVENANT CHURCH.			
3. State of Incorporation RI.		5. Brief description of the character of business conducted in Rhode Island PENTECOSTAL CHURCH - MINISTRY.			
4. NAICS Code 813110.					
6. Principal Office Address 4619 WESTGARDEN PLACE		City KATY	State TEXAS	Zip 77449	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name APOSTLE, DR. JOSEPH AJAO			Vice-President Name PROPHETESS, E.A. AJAO		
Street Address 4619 WESTGARDEN PLACE			Street Address 3619 BRIDGEBLUFF LN.		
City KATY	State TX	Zip 77449	City KATY.	State TX	Zip 77449
Secretary Name KOTAWOLE STEVE			Treasurer Name BROS MOSES ATOLANI		
Street Address 3619 BRIDGEBLUFF LN			Street Address 3619 SALES STREET.		
City KATY	State TX	Zip 77449	City PROVIDENCE	State	Zip
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 BROS SUNNY AGADA.			Director Name PASTOR, ADEREMI OLADIPO		
Street Address #200 SWAN STREET.			Street Address #70 RESERVOIR AVENUE		
City PROVIDENCE	State RI	Zip 02905	City PANTUCKET	State RI	Zip 029860
Director Name OLAWASENI A. AJAO.			Director Name		
Street Address 4619 WESTGARDEN PLACE			Street Address		
City KATY	State TX	Zip 77449.	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 APOSTLE/PROPHET DR. JOSEPH O. AJAO					Date 9/26/22.
Signature of Officer/Authorized Representative JOSEPH O. AJAO					