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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1. Entity ID Number: 000120169	2. Exact name of the Corporation: Christ Apostolic Church Woseta Rhode Island
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island
4. NAICS Code: 813110	Church for Community, Bible, Reading & Teaching

6. Principal Office Address	City	State	Zip
311 Prairie Ave.	Providence	RI	02905

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: T. O. OBadare			Vice-President Name: None		
Street Address: 311 Praire Ave			Street Address:		
City: Providence	State: RI	Zip: 02905	City:	State:	Zip:
Secretary Name: Segun Omotoye			Treasurer Name: Kehinde Adewumi		
Street Address: 441 Woonasquatucket Ave			Street Address: 67 Columbus Ave		
City: N. Providence	State: RI	Zip: 02911	City: N. Providence	State: RI	Zip: 02911

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Ayodeji Adeleke			Director Name: Oluwolasi Olowooker		
Street Address: 999 Charles Street #3			Street Address: 99 Farm Street		
City: N. Providence	State: RI	Zip: 02904	City: Woonsocket	State: RI	Zip: 02895
Director Name: Akin Akenji			Director Name: Olesoji Akenji		
Street Address: 292 Academy Ave			Street Address: 19 Jason Drive		
City: Providence	State: RI	Zip: 02908	City: Lincoln	State: RI	Zip: 02865

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: Ayodeji Adeleke — Date: 07/17/2023

Signature of Officer/Authorized Representative:

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

FORM 631- Revised 04/2023