



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 <u>000120169</u>		2. Exact name of the Corporation <u>Christ Apostolic Church WOSFA Rhode Island</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Church for Community, Bible, Reading & Teaching</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>311 Prairie Ave.</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>T. O. OBadare</u>		Vice-President Name <u>None</u>	
Street Address <u>311 Prairie Ave</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
Secretary Name <u>Segun Omofoye</u>		Treasurer Name <u>Kehinde Adewumi</u>	
Street Address <u>441 Moonsocket Ave</u>		Street Address <u>67 Columbus Ave</u>	
City <u>N. Providence</u>	State <u>RI</u>	City <u>N. Providence</u>	State <u>RI</u> Zip <u>02911</u>
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 <u>Ayodeji Adelere</u>		Director Name <u>Owolabi Olowooker</u>	
Street Address <u>999 Charles Street #3</u>		Street Address <u>99 Farm Street</u>	
City <u>N. Providence</u>	State <u>RI</u>	City <u>Moonsocket</u>	State <u>RI</u> Zip <u>02895</u>
Director Name <u>Akin Akenji</u>		Director Name <u>Ohegaji Akenji</u>	
Street Address <u>292 Academy Ave</u>		Street Address <u>19 Jason Drive</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Lindon</u>	State <u>RI</u> Zip <u>02865</u>
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 <u>Ayodeji Adelere</u>		Date <u>07/17/2023</u>	
Signature of Officer/Authorized Representative 		FILED 245	

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

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