



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>929128</u>		2. Exact name of the Corporation <u>New Life In Christ Deliverance & Healing Ministry</u>			
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code <u>813110</u>		<u>PLACE OF CHRISTIAN WORSHIP</u>			
6. Principal Office Address <u>76, Baxter Street</u>			City <u>Providence</u>	State <u>R.I.</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>Ademola Jonah</u>			Vice-President Name		
Street Address <u>76 Baxter Street</u>			Street Address		
City <u>Providence</u>	State <u>R.I.</u>	Zip <u>02905</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	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 <u>Ifeloyi Jonah</u>			Director Name <u>Olusegun Jonah</u>		
Street Address <u>76, Baxter St</u>			Street Address <u>76 Baxter St</u>		
City <u>Providence</u>	State <u>R.I.</u>	Zip <u>02905</u>	City <u>Providence</u>	State <u>R.I.</u>	Zip <u>02905</u>
Director Name <u>Joyce Jonah</u>			Director Name		
Street Address <u>76 Baxter St</u>			Street Address		
City <u>Providence</u>	State <u>R.I.</u>	Zip <u>02905</u>	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.					
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>Ademola Jonah</u>				Date <u>10-20-23</u>	
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

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BY ML OKRPB
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FORM 631- Revised: 04/2023