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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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.

1. Entity ID Number 158806		2. Exact name of the Corporation WONDER HOUSE OF FAITH MINISTRIES	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CHURCH	
4. NAICS Code 813110			
6. Principal Office Address 1525 SMITH ST, UNIT 3		City NORTH PROV	State RI
		Zip 02911	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name PASTOR BETSY KIVIE		Vice-President Name PASTOR VINCENT KIVIE	
Street Address 65 WEST RIVER PKWY		Street Address 65 WEST RIVER PKWY	
City N. PROVIDENCE	State RI	City N. PROV	State RI
Zip 02904		Zip 02904	
Secretary Name RICHARD OGUMOLA		Treasurer Name SHOLA SALAKO	
Street Address 67 BELMONT AVE		Street Address 185 DEXTER ST, APT 1	
City PROV	State RI	City PAWTUCKET	State RI
Zip 02908		Zip 02860	
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 RICHARD OGUMOLA		Director Name EMMANUEL KUTI	
Street Address 67 BELMONT AVE		Street Address 7 DODSON DRIVE	
City PROV	State RI	City PROV	State RI
Zip 02908		Zip 02904	
Director Name PST VINCENT KIVIE		Director Name OLABISI OGUNOKI	
Street Address 65 W. RIVER PKWY		Street Address 3545 GRACE AVE	
City N. PROV	State RI	City BRONX	State NY
Zip 02904		Zip 10466	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<i>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>			
<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 PASTOR VINCENT KIVIE			Date 02/01/24
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

FILED

Feb 01 2024
BY ML 8R17K FORM 631- Revised: 04/2023