



State of Rhode Island
Department of State - Business Services Division

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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 000127408	2. Exact name of the Corporation THE CHURCH OF THE LORD (ALADURA) WORLD WIDE
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island TO HAVE PRAYER SERVICES, PREACH AND TEACH THE WORDS OF GOD
4. NAICS Code 813110	

6. Principal Office Address 33 AETNA STREET	City CENTRAL FALLS	State RI	Zip 02863
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BAYO AKINWANDE			Vice-President Name MICHAEL ERINLE		
Street Address 33, AETNA ST			Street Address 33, AETNA ST		
City C. FALLS	State R.I.	Zip 02863	City C. FALLS	State R.I.	Zip 02863
Secretary Name AYODELE AREOLA			Treasurer Name ROTIMI ADEMEGAN		
Street Address 10, BROAD ST			Street Address 57, LANCASTIRE ST		
City C. FALLS	State R.I.	Zip 02863	City PROV	State R.I.	Zip 02903

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 FRIDAY AISA GBONHI			Director Name ADERONKE ODERINDE		
Street Address 10, BROAD ST			Street Address 33, AETNA ST		
City C. FALLS	State R.I.	Zip 02863	City C. FALLS	State R.I.	Zip 02863
Director Name CLEMENT ILORI			Director Name SHOLA ODEWALE		
Street Address 57, LANCASTIRE ST			Street Address 40, HUNTS ST		
City PROV	State R.I.	Zip 02903	City C. FALLS	State R.I.	Zip 02863

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 BAYO - AKINWANDE	Date 02/01/2024
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Signature of Officer/Authorized Representative 	FILED
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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

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