



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.

REC'D RIDG05 BSD
24 FEB 12 PM 1:56:25

1. Entity ID Number 000567433		2. Exact name of the Corporation THE REDEEMED CHRISTIAN CHURCH OF GOD, POTTER'S HOUSE			
3. State of Incorporation R.I		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code 813110		TO PROPAGATE THE TEACHING AND MORALS OF JESUS CHRIST			
6. Principal Office Address 216, WARREN AVE, EAST PROVIDENCE		City EAST PROVIDENCE	State R.I	Zip 02914	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TUNDE ADEDIRE		Vice-President Name TOLU ADEDIRE			
Street Address 175, ENFIELD AVE		Street Address 175, ENFIELD AVE			
City PROVIDENCE	State R.I	Zip 02908	City PROVIDENCE	State R.I	Zip 02908
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 PASTOR MOSES OJE		Director Name Tolu Adedire			
Street Address 75, KIMBALL AVE		Street Address same as above			
City PROVIDENCE	State R.I	Zip 02908	City	State	Zip
Director Name Tunde Adedire		Director Name			
Street Address same as above		Street Address			
City	State	Zip	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.					
<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 TUNDE ADEDIRE					Date 2/12/24
Signature of Officer/Authorized Representative <i>Tunde Adedire</i>					

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 12 2024
BY ML 54T 36

FORM 631- Revised: 04/2023