



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 RIDOS BSD
24 FEB 16 PM 3:20:41

1. Entity ID Number <u>000133176</u>		2. Exact name of the Corporation <u>The Redeemed Christian Church of God Victory House of Prayers for All Nations, N.A. Inc</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To propagate the Doctrines of Christianity, To preach the Gospel and Teach the Morals of Jesus Christ</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>213 Laurel Hill Ave</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02909</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Moses Oja</u>		Vice-President Name <u>Beatrice Oja</u>	
Street Address <u>95 Kimball Street</u>		Street Address <u>95 Kimball Street</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Providence</u>
			State <u>RI</u>
			Zip <u>02908</u>
Secretary Name <u>Omodela Oyedepa</u>		Treasurer Name	
Street Address <u>17 Harris Ave</u>		Street Address	
City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>	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>Beatrice Oja</u>		Director Name <u>Moses Oja</u>	
Street Address <u>95 Kimball Street</u>		Street Address <u>95 Kimball St.</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Providence</u>
			State <u>RI</u>
			Zip <u>02908</u>
Director Name <u>Kayode Adebayo</u>		Director Name	
Street Address <u>213 Laurel Hill Ave</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</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>Pastor Moses Oja</u>		Date <u>2/16/2024</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>		FILED 326	
		FEB 16 2024	
		BY <u>Fyife</u>	

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