



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

MAIL TO:-
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