



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 MAR 18 PM 2:55:43

1. Entity ID Number <u>160273</u>		2. Exact name of the Corporation <u>CHRIST APOSTOLIC CHURCH MIRROR OF GOD</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>PLACE OF WORSHIP, PRAYER FOR PEOPLE, COMMUNITY, NATION, STATE, FELLOWSHIP WITH PEOPLE</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>86 DARLINGDALE AVE</u>		City <u>PAWTUCKET</u>	State <u>RI</u> Zip <u>02861</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>OLUBUNMI IBITOYE</u>		Vice-President Name <u>VICTORIA IBITOYE</u>	
Street Address <u>86 DARLINGDALE AVE</u>		Street Address <u>86 DARLINGDALE AVE</u>	
City <u>PAWTUCKET</u>	State <u>RI</u>	City <u>PAWTUCKET</u>	State <u>RI</u> Zip <u>02861</u>
Secretary Name <u>RICHARD AJUTHAN</u>		Treasurer Name <u>AYODEJI ADEFUSI</u>	
Street Address <u>22 CLIFF ST</u>		Street Address <u>700 YORK STREET</u>	
City <u>CENTRAL FALL</u>	State <u>RI</u>	City <u>PAWTUCKET</u>	State <u>RI</u> Zip <u>02861</u>
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>IBILOLA AJUTHAN</u>		Director Name <u>ROSAMON IBITOYE</u>	
Street Address <u>22 CLIFF STREET</u>		Street Address <u>86 DARLINGDALE AVE</u>	
City <u>CENTRAL FALL</u>	State <u>RI</u>	City <u>PAWTUCKET</u>	State <u>RI</u> Zip <u>02861</u>
Director Name <u>FELICIA IBITOYE</u>		Director Name <u>EBUNOLUNA IBITOYE</u>	
Street Address <u>86 DARLINGDALE AVE</u>		Street Address <u>86 DARLINGDALE AVE</u>	
City <u>PAWTUCKET</u>	State <u>RI</u>	City <u>PAWTUCKET</u>	State <u>RI</u> Zip <u>02861</u>
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>OLUBUNMI IBITOYE</u>			Date <u>03/18/24</u>
Signature of Officer/Authorized Representative 			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02804-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

MAR 18 2024
BY ML R P38 ³
FORM 631- Revised: 04/2023