




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 RIDG5 BSD
2/11/24 12 PM 2:55:43

1. Entity ID Number 160273		2. Exact name of the Corporation CHRIST APOSTOLIC CHURCH MIRROR OF GOD	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PLACE OF WORSHIP, PRAYER FOR PEOPLE, COMMUNITY, NATION, STATE, FELLOWSHIP WITH PEOPLE	
4. NAICS Code 813110			
6. Principal Office Address 86 DARLINGDALE AVE		City PAWTUCKET	State RI
		Zip 02861	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name OLUBUNMI IBITOYE		Vice-President Name VICTORIA IBITOYE	
Street Address 86 DARLINGDALE AVE		Street Address 86 DARLINGDALE AVE	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02861		Zip 02861	
Secretary Name RICHARD AJUHAN		Treasurer Name AYODEJI ADEFUSI	
Street Address 22 CLIFF ST		Street Address 700 YORK STREET	
City CENTRAL FALL	State RI	City PAWTUCKET	State RI
Zip 02863		Zip 02861	
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 IBILOLA AJUHAN		Director Name ROSAMONN IBITOYE	
Street Address 22 CLIFF STREET		Street Address 86 DARLINGDALE AVE	
City CENTRAL FALL	State RI	City PAWTUCKET	State RI
Zip 02863		Zip 02861	
Director Name FELICIA IBITOYE		Director Name EBUNOLUNA IBITOYE	
Street Address 86 DARLINGDALE AVE		Street Address 86 DARLINGDALE AVE	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02861		Zip 02861	
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 OLUBUNMI IBITOYE			Date 03/18/24
Signature of Officer/Authorized Representative 			

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

MAR 18 2024
BY ML R P 303 FORM 631- Revised. 04/2023