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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.

1. Entity ID Number: 000553614	2. Exact name of the Corporation: THE REDEEMED CHRISTIAN CHURCH OF GOD (RESTORATION CHAPEL)
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: TO WORSHIP GOD, TO PREACH AND SPREAD THE GOSPEL OF JESUS CHRIST AND TO EXPRESS THE LOVE OF GOD TO ALL PEOPLE & COMMUNITY at LARGE
4. NAICS Code: 813110	

6. Principal Office Address: 611 SMITHFIELD AVE	City: LINCOLN	State: RI	Zip: 02865

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Pastor PETER OKITANI		Vice-President Name: ALUREMI OJO	
Street Address: 36 BERLIN STREET		Street Address: 104 VILLAGE ROAD	
City: PROVIDENCE	State: RI	Zip: 02908	City: WOONSOCKET	State: RI	Zip: 02895
Secretary Name: MICHAEL OGUNLEYE		Treasurer Name: ADEWALE AJEWAMIKA	
Street Address: 22 MARVERN STREET		Street Address: 74 CRESCENDO DRIVE	
City: PROVIDENCE	State: RI	Zip: 02904	City: WARWICK	State: RI	Zip: 02889

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name: DAVID AMIUMU		Director Name: RONKE OGUNWUNMI	
Street Address: 103 FRANCIS AVE		Street Address: 2055 DIAMOND HILL RD	
City: MANFIELD	State: MA	Zip: 02048	City: COMBERLAND	State: RI	Zip: 02895
Director Name: Jennifer Horton JALLOH		Director Name: REGINA OKITANI	
Street Address: 104 VILLAGE ROAD		Street Address: 86 BERLIN STREET	
City: WOONSOCKET	State: RI	Zip: 02895	City: PROVIDENCE	State: RI	Zip: 02908

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: Pastor PETER OKITANI	Date: 05/01/2024
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

MS FILED 106
MAY - 1 2024
BY SCOTT

FORM 631- Revised: 04/2023