



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

R/C/D RPD05 BSD
24 MAY 22 PM3:05:34

1. Entity ID Number 000082829		2. Exact name of the Corporation KINGDOM EMBASSY INTERNATIONAL	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island A NON-DENOMINATIONAL CHRISTIAN CHURCH, PREACH AND TEACH THE GOSPEL OF JESUS CHRIST	
4. NAICS Code 813990			
6. Principal Office Address 20 POWK STREET		City JOHNSTON	State RI Zip 02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name CHARLES NDIFON		Vice-President Name DONNA NDIFON	
Street Address 183 SHUN PIKE		Street Address 183 SHUN PIKE	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
Secretary Name CHRISTINA J. SCARPELLI		Treasurer Name	
Street Address 5 JENNIFER LANE		Street Address	
City NORTH SMITHFIELD	State RI	City	State
Zip 02896		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 CHARLES NDIFON		Director Name DONNA NDIFON	
Street Address 183 SHUN PIKE		Street Address 183 SHUN PIKE	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
Director Name CHRISTINA J. SCARPELLI		Director Name	
Street Address 5 JENNIFER LANE		Street Address	
City NORTH SMITHFIELD	State RI	City	State
Zip 02896		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 CHARLES NDIFON			Date MAY 22, 2024
Signature of Officer/Authorized Representative 			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2616
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED 302
MAY 22 2024
BY PGTH2

FORM 631- Revised: 04/2023