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**State of Rhode Island  
Department of State - Business Services Division**

**Annual Report for the year:** 2023  
**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 <b>000082829</b>		2. Exact name of the Corporation <b>KINGDOM EMBASSY INTERNATIONAL</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>A NON-DENOMINATIONAL CHRISTIAN CHURCH, PREACH AND TEACH THE GOSPEL OF JESUS CHRIST</b>	
4. NAICS Code <b>813990</b>			
6. Principal Office Address <b>20 POLK STREET</b>		City <b>JOHANSTON</b>	State <b>RI</b>
		Zip <b>02919</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>CHARLES NDIFON</b>		Vice-President Name <b>DONNA NDIFON</b>	
Street Address <b>183 SHUN PIKE</b>		Street Address <b>183 SHUN PIKE</b>	
City <b>JOHANSTON</b>	State <b>RI</b>	City <b>JOHANSTON</b>	State <b>RI</b>
Zip <b>02919</b>		Zip <b>02919</b>	
Secretary Name <b>CHRISTINA J. SCARPELLI</b>		Treasurer Name	
Street Address <b>5 JENNIFER LANE</b>		Street Address	
City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	City	State
Zip <b>02896</b>		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>CHARLES NDIFON</b>		Director Name <b>DONNA NDIFON</b>	
Street Address <b>183 SHUN PIKE</b>		Street Address <b>183 SHUN PIKE</b>	
City <b>JOHANSTON</b>	State <b>RI</b>	City <b>JOHANSTON</b>	State <b>RI</b>
Zip <b>02919</b>		Zip <b>02919</b>	
Director Name <b>CHRISTINA J. SCARPELLI</b>		Director Name	
Street Address <b>5 JENNIFER LANE</b>		Street Address	
City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	City	State
Zip <b>02896</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>CHARLES NDIFON</b>			Date <b>MAY 22, 2024</b>
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

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