

RCD RID05 850  
 24 MAY 22 PM 05:05:34

**State of Rhode Island  
Department of State - Business Services Division**
**Annual Report for the year:** 2022  
**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>JOHNSTON</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>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>JOHNSTON</b>	State <b>RI</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>	Zip <b>02896</b>	City	State
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>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>JOHNSTON</b>	State <b>RI</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>	Zip <b>02896</b>	City	State
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 <b>CHARLES NDIFON</b>				Date <b>MAY 22, 2024</b>
Signature of Officer/Authorized Representative <i>[Signature]</i>				

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)

MAY 22 2024  
 BY PGTH2

FORM 631- Revised: 04/2023