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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 <u>000485894</u>		2. Exact name of the Corporation <u>CHRIST SPIRITUAL CHURCH OF GOD MINISTRY</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>None Profit Organization, Preaching the word of God bringing the broken hearted to the throne of God Counseling, etc.</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>316, Lalacott Street,</u>		City <u>Pawtucket</u>	State <u>R.I.</u>
		Zip <u>02860</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Nathaniel Adegbayega</u>		Vice-President Name <u>Asigail Adegbayega</u>	
Street Address <u>316, Lalacott Street,</u>		Street Address <u>316 Wedcott Street,</u>	
City <u>Pawtucket</u>	State <u>R.I.</u>	City <u>Pawtucket</u>	State <u>R.I.</u>
Zip <u>02860</u>		Zip <u>02860</u>	
Secretary Name <u>Oluyide Sobola</u>		Treasurer Name <u>Victoria Adeniyi</u>	
Street Address <u>70, Wild Street,</u>		Street Address <u>15, Phebe Street,</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u>
Zip <u></u>		Zip <u></u>	
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 <u>Mosi Sonaike</u>		Director Name <u>Olusola Ajayi</u>	
Street Address <u>831, Atwell Street,</u>		Street Address <u>70, Clay Street,</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Central Falls</u>	State <u>R.I.</u>
Zip <u>02909</u>		Zip <u></u>	
Director Name <u>Patience Adegbayega</u>		Director Name <u>Adenike Daramola</u>	
Street Address <u>316, Lalacott Street</u>		Street Address <u>33, Manuel Street,</u>	
City <u>Pawtucket</u>	State <u>R.I.</u>	City <u>Pawtucket</u>	State <u>R.I.</u>
Zip <u>02860</u>		Zip <u>02861</u>	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <u>NATHANIEL ADEGBAYEGA</u>			Date <u>6/4/24</u>
Signature of Officer/Authorized Representative <u>NATHANIEL ADEGBAYEGA</u> FILED <u>[Signature]</u>			

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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