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24 JUL 10 PM 3:07:00



**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 <u>000511745</u>		2. Exact name of the Corporation <u>CHRIST LOVE MEDIA MINISTRIES INC.</u>	
3. State of Incorporation <u>RHODE ISLAND</u>		5. Brief description of the character of business conducted in Rhode Island <u>CHURCH AND CHRISTIAN MEDIA MINISTRY PROPAGATE THE GOSPEL AROUND THE WORLD</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>20 POLK STREET</u>		City <u>JOHNSTON</u>	State <u>RI</u> Zip <u>02919</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>CHARLES NDIFON</u>		Vice-President Name <u>DONNA NDIFON</u>	
Street Address <u>183 SHUN PIKE</u>		Street Address <u>183 SHUN PIKE</u>	
City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>JOHNSTON</u> State <u>RI</u> Zip <u>02919</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City State 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 <u>CHARLES NDIFON</u>		Director Name <u>DONNA NDIFON</u>	
Street Address <u>183 SHUN PIKE</u>		Street Address <u>183 SHUN PIKE</u>	
City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>JOHNSTON</u> State <u>RI</u> Zip <u>02919</u>
Director Name <u>ANDREW BROWN</u>		Director Name <u>ADELE BROWN</u>	
Street Address <u>105 BOLONGA BAY</u>		Street Address <u>105 BOLONGA BAY</u>	
City <u>ST. THOMAS</u>	State <u>USVI</u>	Zip <u>00802</u>	City <u>ST. THOMAS</u> State <u>USVI</u> Zip <u>00802</u>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<i>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.</i>			
<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 <u>CHARLES NDIFON</u>			Date <u>7-10-24</u>
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

**FILED** AA. 3:12 pm.  
FORM 631- Revised: 04/2023

JUL 10 2024  
BY: