

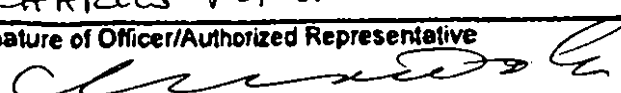


State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIDOS BSD
24 JUL 10 PM 3:07:00

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) Check the box to indicate an attachment <input type="checkbox"/>			
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. Check the box to indicate an attachment <input type="checkbox"/>			
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: SIBUYEA