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

Annual Report for the year: 2020
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 000511745		2. Exact name of the Corporation CHRIST LOVE MEDIA MINISTRIES INC.	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island CHURCH AND CHRISTIAN MEDIA MINISTRY PROPAGATE THE GOSPEL AROUND THE WORLD	
4. NAICS Code 813990			
6. Principal Office Address 20 POLK STREET		City JOHNSTON	State RI
		Zip 02919	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name CHARLES NDIFON		Vice-President Name DONNA NDIFON	
Street Address 183 SHUN PIKE		Street Address 183 SHUN PIKE	
City JOHNSTON	State RI	City JOHNSTON	State RI
	Zip 02919		Zip 02919
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
	Zip		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 CHARLES NDIFON		Director Name DONNA NDIFON	
Street Address 183 SHUN PIKE		Street Address 183 SHUN PIKE	
City JOHNSTON	State RI	City JOHNSTON	State RI
	Zip 02919		Zip 02919
Director Name ANDREW BROWN		Director Name ADELE BROWN	
Street Address 105 BOLONGA BAY		Street Address 105 BOLONGA BAY	
City ST. THOMAS	State USVI	City ST. THOMAS	State USVI
	Zip 00802		Zip 00802
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 CHARLES NDIFON			Date 7-10-24
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. 3:11pm.
FORM 631 - Revised: 04/2023

JUL 10 2024
BY SPBYTA