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

**Annual Report for the year: 2021
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 AUDAIN 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. | | | |
| 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 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-3:10pm
JUL 10 2024
BY SPBUTA
FORM 631- Revised: 01/2023