



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.

REC'D RIDOS BSD  
21 JUL 10 PM 3:06:4

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). <input type="checkbox"/> Check the box to indicate an attachment			
President Name CHARLES NDIFFON		Vice-President Name DONNA NDIFFON	
Street Address 183 SHUN PIKE		Street Address 183 SHUN PIKE	
City JOHNSTON	State RI	Zip 02919	City JOHNSTON State RI Zip 02919
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. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name CHARLES NDIFFON		Director Name DONNA NDIFFON	
Street Address 183 SHUN PIKE		Street Address 183 SHUN PIKE	
City JOHNSTON	State RI	Zip 02919	City JOHNSTON State RI 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	Zip 00802	City ST. THOMAS State USVI 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 NDIFFON			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 SPB/TA

FORM 631- Revised: 01/2023