

**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024**1. Corporate ID No.** 001739125**2. Name of Corporation** THE REDEEMED CHRISTIAN CHURCH OF GOD STRONG TOWER PARISH**3. State of Incorporation**State: RI**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813110**4. Principal Office Address**No. and Street: 46 THOMAS STREETCity or Town: WOONSOCKETState: RIZip: 02895Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**THE DOCTRINE OF CHRISTIANITY AND EDUCATE THE PUBLIC OF THE TEACHINGS AND MORAL OF JESUS CHRIST**6. Names and Addresses of the Officers and Directors:**

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	CHRISTOPHER OKAFOR	589 CUMBERLAND HILL ROAD WOONSOCKET, RI 02895 USA
DIRECTOR	TUTU MOROLARI	1567 PLAINFIELD PIKE JOHNSTON, RI 02919 USA
DIRECTOR	KEHINDE OSINAGA	11 COMSTOCK PARKWAY CRANSTON, RI 02910 USA
DIRECTOR	MATT ADEDIRE	143 WATERMAN AVENUE EAST PROVIDENCE, RI 02914 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CHRISTOPHER OKAFOR 46 THOMAS STREET WOONSOCKET , RI 02895

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 29 Day of July, 2024 at 11:02:51 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By CHRISTOPHER OKAFOR
Signature of Authorized Person

Form No. 631
Revised 09/07

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