

REC'D RIDOS BSD  
25 JAN 14 PM 12:00:54State of Rhode Island  
Department of State - Business Services DivisionAnnual Report for the year: 2025  
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 <b>000567433</b>		2. Exact name of the Corporation <b>THE REDEEMED CHRISTIAN CHURCH OF GOD (POTTER)</b>	
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO PROPAGATE THE TEACHING AND MORALS OF JESUS CHRIST</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>216 WARREN AVE, EAST-PROVIDENCE</b>		City <b>EAST PROVIDENCE</b>	State <b>R.I.</b>
		Zip <b>02914</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>BABATUNDE ADEDIRE</b>		Vice-President Name <b>TOLU ADEDIRE</b>	
Street Address <b>175 ENFIELD AVE</b>		Street Address <b>175 ENFIELD AVE</b>	
City <b>PROVIDENCE</b>	State <b>R.I.</b>	Zip <b>02908</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>MOSES OJE</b>		Director Name <b>TOLU ADEDIRE</b>	
Street Address <b>75 KINSBALL AVE</b>		Street Address <b>SAME AS ABOVE</b>	
City <b>PROVIDENCE</b>	State <b>R.I.</b>	Zip <b>02908</b>	
Director Name <b>BABATUNDE ADEDIRE</b>		Director Name	
Street Address <b>SAME AS ABOVE</b>		Street Address	
City	State	Zip	
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 <b>BABATUNDE ADEDIRE</b>			Date <b>1/14/2025</b>
Signature of Officer/Authorized Representative <i>Babatunde Adedire</i>			

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

JAN 14 2025  
BY NXRcm  
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FORM 631- Revised: 04/2023