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State of Rhode Island

Department of State - Business Services Division

I Report for the year: rofit Corporation

ng period: February 1 - May 1

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> Filing Fee: \$20.00> Penalty: Additional \$25.00 fee if form is not filed by May 31.			Ω. Ω. Ω.				
1. Entity ID Number	2. Exect name (2. Exect name of the Corporation					
000567433	THE RED	THE REDEEMED CHRISTIAN CHURCH OF GOD (POTTED)					
3. State of Incorporation	5. Brief descript	ion of the characte	er of business conducted i	n Rhode Island			
RT		_	A (11 1	AND MADME	n F		
4. NAICS Code	TO PROPA	IGATE THE	E TEACHING I	TID MORENES	01		
813110		,	JESUS CH	trist_			
6. Principal Office Address			City	State	Zip		
916 WARREN A	JE, EAST-	PROVIDENCE	EAST PROVIDE	ENCE 15.1	02911		
7. List ALL officers (names and a				Check the box to indicate a	n attachment		
President Name BABATUMDE ADEDIRE			Vice-President Name TOLY ADEDIRE				
	ELD AVE		Street Address 175	ENFIELD A	1E		
CAY DROVIDENCE	State D.T	1210 D2908	CHY PROVIDE	- Bross 0	0190		
Secretary Name		1 01 100	Treesurer Name				
			Street Address				
Street Address				State	Zip		
City	State	Zip	City	pine			
8. List ALL directors (names and	addresses). Ri Cor	porations MUST fi	st at least THREE director	6. Check the box to indicate a	n attachment		
Director Name . MOSES_	DIE		Director Name TOL	- U ADEDIRE	=		
Street Address 75, KINSBALL AVE			Street Address SA	ME AS ABO	UE.		
Chu rì	State Q.T	zip 02908	City	State	Zip		
Director Name CARAGE		<u></u>	Director Name				
BABATUMI	DE ADEDI	RE					
Street Address SAM	E AS AE	BOVE	Street Address				
City	State	Zip	City	State	Zip		
9. The Registered Agent informat	ion of record with th	e RI Department o	f State is accurate. Chang	es require filing Form 641.			
Under penalty of periury, I decl	are and affirm that	I have examined	this report, including or	y accompanying schedu	les and		
Statements, and that all statems This report must be signed by either the Pri	ents contained nei esident Vice-President S	Secretary Assistant Sec	retary, Treasurer, duly Authorized	Representative, Receiver or Trust	ee.		
Name of Officer/Authorized Repre				Date '	2.2		
BABATUMDE ADEDIRE				1 11141	2017		
Signature of Officer/Authorized Re	presentative	(/X'	<u> </u>	 ;- ·- -			
	- Inn	ms of	De0-				
MAIL TO:		The second second	-				

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JAN 1 4 2025

FORM 631- Revised: 0/2023