



State of Rhode Island  
Department of State - Business Services Division

STATE

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Annual 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<br><b>000138017</b> | 2. Exact name of the Corporation<br><b>All Nations Revival Center church of God</b>  |
| 3. State of Incorporation<br><b>RI</b>  | 5. Brief description of the character of business conducted in Rhode Island<br><b>Religious, social and community development services, including but not limited to housing food distribution, relieving the poor and education. Church</b> |
| 4. NAICS Code<br><b>813110</b>          |  |

|   |  |                          |                    |                     |
|---|--|--------------------------|--------------------|---------------------|
| 6. Principal Office Address<br><b>50-52 Exchange Street</b> |  | City<br><b>Pawtucket</b> | State<br><b>RI</b> | Zip<br><b>02860</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<br><b>KOFFI OKOUTA</b>  |                    | Vice-President Name                          |                                 |                    |
| Street Address<br><b>51 Waterman street</b>  |                    | Street Address                               |                                 |                    |
| City<br><b>Pawtucket</b>   | State<br><b>RI</b> | Zip<br><b>02861</b>                          | City                            | State              |
| Secretary Name   |                    | Treasurer Name<br><b>Kwame Adu Gyamfi</b>    |                                 |                    |
| Street Address   |                    | Street Address<br><b>1 countryside drive</b> |                                 |                    |
| City   | State              | Zip  | City<br><b>North-Providence</b> | State<br><b>RI</b> |
|  |                    |  | Zip<br><b>02904</b>             |                    |

|  |                    |  |                        |                    |
|--|--------------------|--|------------------------|--------------------|
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |  |                        |                    |
| Director Name<br><b>Modenkpe DONGIO</b>  |                    | Director Name<br><b>Oyeyemi Payne</b>  |                        |                    |
| Street Address<br><b>51 Waterman st</b>  |                    | Street Address<br><b>15 Harris Ave</b> |                        |                    |
| City<br><b>Pawtucket</b>   | State<br><b>RI</b> | Zip<br><b>02861</b>                    | City<br><b>Lincoln</b> | State<br><b>RI</b> |
|  |                    |  | Zip<br><b>02865</b>    |                    |
| Director Name<br><b>Rudolph Lawson</b>   |                    | Director Name                          |                        |                    |
| Street Address<br><b>20 Baird Ave.</b>   |                    | Street Address                         |                        |                    |
| City<br><b>North-Providence</b>  | State<br><b>RI</b> | Zip<br><b>02904</b>                    | 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<br><b>Bishop KOFFI OKOUTA</b> | Date<br><b>1/28/25</b><br><b>FILED</b> |
| Signature of Officer/Authorized Representative<br><b>Koffi Okouta</b>   | <b>JAN 28 2025</b>                     |

MAIL TO:  
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