



State of Rhode Island
Department of State - Business Services Division

STATE

REC'D RHODES BSD
25 JAN 28 410:56:22

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 000138017		2. Exact name of the Corporation All Nations Revival Center church of God	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious, social and community development services including but not limited to housing food distribution relieving the poor and education church	
4. NAICS Code 813110			
6. Principal Office Address 50-52 Exchange Street		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name KOFFI OKOUTA		Vice-President Name	
Street Address 51 Waterman street		Street Address	
City Pawtucket	State RI	Zip 02861	
Secretary Name		Treasurer Name Kwame Adu Gyamfi	
Street Address		Street Address 1 countryside drive	
City	State	Zip	
		North-Providence	RI 02904
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Modupe DONGIO		Director Name Oyeyemi Payne	
Street Address 51 Waterman st		Street Address 15 Harris Ave	
City Pawtucket	State RI	Zip 02861	
		Lincoln	RI 02865
Director Name Rudolph Lawson		Director Name	
Street Address 20 Baird Ave.		Street Address	
City North-Providence	State RI	Zip 02904	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Bishop KOFFI OKOUTA		Date 1/28/25	
Signature of Officer/Authorized Representative Koffi Okouta		FILED	

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

BY **KD 477**