

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

12/06

| * In accordance with R.I.G.L. 7-6-94, each corporation failing (| or refusing to file its annual | report within the time prescri | GR him | |
|--|--------------------------------|--------------------------------|---------------------------|---------------|
| to a penalty fee of \$25.00. | D O Ch | Sunpin day | 10 1 | |
| 1. Corposale ID No. 2. Name of Corporation (2. Name of Corporation) | if Esten | CXS Om | rch TL | aawg |
| 3. State of Incorporation 4. Corporate address in Rhode Islan | d - Street Address | | W . D | 60 b 2 |
| 5. Foreign corporation. Enter principal office address | City | State | Zip | · |
| | | | | |
| 6. Brief Description of the character of the affairs which are actually cond | lucted in Rhode Island | | | 1 |
| TO SPECIAL OF THE OFFICERS ("X" BO | OX FOR ATTACHMENT) | ILL IN SPACES BEFORE U | SING ATTACHMENTS | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: (A Bo | Vice Presi | dent Name | 10 10 - | balal |
| Rev. Adebowalo A. Sa | =alola Ro | | CA BE | 2000 |
| Street Address all Ston St | Street Ado | 3 allsto | 2 2 y | |
| City Oct State Zip | 2908 C | W' R | 7 03 | 3002 |
| Secretary Name Adam | a C Treasure | Vame ctoris | 1 07 | W |
| Street Address | Street Age | 2 Bern | on St | |
| City C | 2908 00 | State | 2 I D | 2908 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X' | BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE | USING ATTACHMENT | S |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RHO | ODE ISLAND) CORPORAL | TION <u>SHALL NOT BE LESS</u> | <u>than threë</u> (3). R. | I.G.L. 7-0-23 |
| Director Name ASTOLOWALE & | alabola Director | Rev. Omi | plabate | Balali |
| Street Address CILICAN SA | Street Ad | 143 411 | ston s | + |
| City State Zip | 2908 City | anv. Sta | RI O | 2400 |
| Grov I TIC | Director | · Name | | |
| 1) Ra Connoss Byen | 1 Dolkbya | | | |
| Street Address 3 allston St | Ostreel A | | | Zip |
| City State Zip | 2 408 City | Sta | | <i>ΣΦ</i> |
| 9. RAZISTERED AGENT IN RHODE ISLAND - DO NO | TALTER Changes requi | re filling of Form 641 - R.I | .G.L. 7-6-13 / 7-6-78 | |
| Agent Name AND SIL Dr. Adolandala A. B | ababla 19 | cz a) 5+1 | n 87 | |
| Address Of 11 Change 11 | RNN 1 City | vov | 2 ip Q 2 | 809 |
| 143 01131110 | (A) (A) (A) | retery Augistant Carretary | Freasurer, Receiver or | Trustee |
| This report must be signed by either the Pro | esident, Vice President, Sec | retary, Assistant Secretary, | | |

| | Under penalty of perjury, I declare and affirm that I have examined this |
|--------------------------------------|---|
| File Date | spatements contained agreement and true and agreed. Signature of Officer Signature of Officer |
| By: By ASSECRETARY OF STATE USE ONLY | Fring or Type Name of Officer Title of Officer Form 631 Rev. 12/00 |