



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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BUS SVCS DIV

2022 JAN 25 PM 12:17

1. Entity ID Number 144156		2. Exact name of the Corporation CHRIST FOUNDATION MISSION INTERNATIONAL			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO ESTABLISH AND MAINTAIN PLACES OF WORSHIP			
4. NAICS Code 813110					
6. Principal Office Address 104 RUSSO STREET		City PROVIDENCE	State RI	Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name APOSTLE SAMUEL O. IKUEJAMOFI			Vice-President Name PASTOR MRS ESTHER I. IKUEJAMOFI		
Street Address 104 RUSSO STREET			Street Address 104 RUSSO STREET		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
Secretary Name JOSEPH O. SHOLAGBADE			Treasurer Name		
Street Address 58 WHINNLE STREET			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
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 DEACONESS MODUPE OLATAWURA			Director Name PASTOR SIMON ADEYEMI		
Street Address 200-101 LEONARD JENARD DR			Street Address 306 WALCOTT STREET		
City PAWTUCKET	State RI	Zip 02906	City PAWTUCKET	State RI	Zip 02860
Director Name PASTOR ISAAC AKANBI			Director Name ELDER JOSEPH AKINBODE		
Street Address 49 CONSTITUTION ST, APPT 2			Street Address 25 REGENT AVENUE		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02909
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative APOSTLE SAMUEL OLUFUNMI IKUEJAMOFI			(PRESIDENT)	Date 01/24/2022	
Signature of Officer/Authorized Representative 					

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

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