



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2023
 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.

STAMP

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 RI, DEPT. OF STATE
 BUSINESS SERVICES DIVISION

2023 FEB 16 A 11:56

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
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name APOSTLE SAMUEL O. IKUEJAMOFO			Vice-President Name PASTOR/MRS ESTHER E. IKUEJAMOFO		
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 02286
Director Name PASTOR ISAAC AKANBI			Director Name ELDER JOSEPH AKINBODE		
Street Address 49 CONSTITUTION ST, APT 2			Street Address 25 REGENT AVENUE		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02909

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 APOSTLE SAMUEL OLUFUNMI IKUEJAMOFO (PRESIDENT)	Date 02/16/2023
Signature of Officer/Authorized Representative <i>Olufunmi Samuel</i>	

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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