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**State of Rhode Island  
Department of State - Business Services Division**

**Annual Report for the year:** 2024  
**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 <b>000567433</b>		2. Exact name of the Corporation <b>THE REDEEMED CHRISTIAN CHURCH OF GOD, POTTER'S HOUSE</b>			
3. State of Incorporation <b>R.I</b>		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code <b>813110</b>		<b>TO PROPAGATE THE TEACHING AND MORALS OF JESUS CHRIST</b>			
6. Principal Office Address <b>216, WARREN AVE, EAST PROVIDENCE</b>		City <b>EAST PROVIDENCE</b>	State <b>R.I</b>	Zip <b>02914</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 <b>TUNDE ADEDIRE</b>		Vice-President Name <b>TOLU ADEDIRE</b>			
Street Address <b>175, ENFIELD AVE</b>		Street Address <b>175, ENFIELD AVE</b>			
City <b>PROVIDENCE</b>	State <b>R.I</b>	Zip <b>02908</b>	City <b>PROVIDENCE</b>	State <b>R.I</b>	Zip <b>02908</b>
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>PASTOR MOSES OJE</b>		Director Name <b>Tolu Adedire</b>			
Street Address <b>75, KIMBALL AVE</b>		Street Address <b>same as above</b>			
City <b>PROVIDENCE</b>	State <b>R.I</b>	Zip <b>02908</b>	City	State	Zip
Director Name <b>Tunde Adedire</b>		Director Name			
Street Address <b>same as above</b>		Street Address			
City	State	Zip	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>TUNDE ADEDIRE</b>				Date <b>2/12/24</b>	
Signature of Officer/Authorized Representative <i>Tunde Adedire</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

**FILED**

**FEB 12 2024**  
**BY ML 54T 36**

FORM 631- Revised: 04/2023