



State of Rhode Island  
Department of State - Business Services Division

REC'D: RIDOS BSO  
 27 FEB 27 AM 11:47:35

Annual Report for the year: 2024  
 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.

1. Entity ID Number <b>144156</b>	2. Exact name of the Corporation <b>CHRIST FOUNDATION MISSION INTERNATIONAL</b>
3. State of Incorporation <b>RHODE ISLAND</b>	5. Brief description of the character of business conducted in Rhode Island <b>TO ESTABLISH AND MAINTAIN PLACES OF WORSHIP</b>
4. NAICS Code <b>813110</b>	

6. Principal Office Address <b>104 RUSSO STREET</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
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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>APOSTLE SAMUEL D. IKUEJAMOFD</b>		Vice-President Name <b>PASTOR/MRS ESTHER I. IKUEJAMOFD</b>	
Street Address <b>104 RUSSO STREET</b>		Street Address <b>104 RUSSO STREET</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>PROVIDENCE</b>
Secretary Name <b>JOSEPH D. SHOLAGBADE</b>		Treasurer Name	
Street Address <b>58 WHINNLE STREET</b>		Street Address	
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City

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>DEACONESS MODUPE OLATAWURA</b>		Director Name <b>PASTOR SIMON ABEYEMI</b>	
Street Address <b>200-101 LEONARD JENARD DR</b>		Street Address <b>306 WALCOTT STREET</b>	
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>PAWTUCKET</b>
Director Name <b>PASTOR ISAAC AKANBI</b>		Director Name <b>ELDER JOSEPH AKINBODE</b>	
Street Address <b>49 CONSTITUTION ST, APPT 2</b>		Street Address <b>25 REGENT AVENUE</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>

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.**

*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 <b>APOSTLE SAMUEL OLUFUNMI IKUEJAMOFD (PRESIDENT)</b>	Date <b>02/27/2024</b>
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Signature of Officer/Authorized Representative  
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

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