

**2018 ANNUAL REPORT**  
**COMMONWEALTH OF VIRGINIA**  
**STATE CORPORATION COMMISSION**

218014656--12/20/2018

218014656



2017 DEC 19 PM 12:47

1. CORPORATION NAME  
 WoMen-Of-Connections Ministry Inc.

DUE DATE: 2/28/2018

SCC ID NO.: 0774992-2

2. VA REGISTERED AGENT NAME AND ADDRESS: DIRECTOR.

AANU-OLUWAPO RUTH ADEWUSI  
 5730 A THOURNDALE LN  
 RICHMOND VA 23225

5. STOCK INFORMATION:

CLASS	AUTHORIZED

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
 216 - RICHMOND CITY

4. STATE OR COUNTRY OF INCORPORATION:  
 VA - VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below.
ADDRESS: 5730 A THOURNDALE LN	ADDRESS:
CITY/ST/ZIP: RICHMOND VA 23225	CITY/ST/ZIP:

7. DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed.  
 An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: AANU-OLUWAPO RUTH ADEWUSI TITLE: PRESIDENT ADDRESS: 5730-A THOURNDALE LANE CITY/ST/ZIP: RICHMOND VA 23225	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Aanu-Oluwapo Adewusi, 12/19/17  
 PRINTED NAME AND TITLE DATE