



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

Annual Report for the year: 2020
 Non-Profit Corporation

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 BUS SVCS DIV

2020 JUN 29 PM 2:35

- 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 515242		2. Exact name of the Corporation CELESTIAL CHURCH OF CHRIST - HEART OF GOD PARISH	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Conducting of church services and counsellors on spiritual matters	
4. NAICS Code 813110			
6. Principal Office Address 626 WARWICK AVE		City WARWICK	State R.I.
		Zip 02888	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name PASTOR Emmanuel Taiwo		Vice-President Name	
Street Address 626 WARWICK AVE		Street Address	
City WARWICK	State R.I.	Zip 02888	
Secretary Name Joseph Taiwo		Treasurer Name Bimbola Taiwo	
Street Address 626 WARWICK AVE		Street Address 626 WARWICK AVE	
City WARWICK	State R.I.	Zip 02888	
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 Bukola Daramola		Director Name Olusola Segunman	
Street Address 626 WARWICK AVE		Street Address 626 WARWICK AVE	
City WARWICK	State R.I.	Zip 02888	
Director Name Esther Taiwo		Director Name	
Street Address 626 WARWICK AVE		Street Address	
City WARWICK	State R.I.	Zip 02888	
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.			
<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 PASTOR Emmanuel Taiwo			Date 6-29-2020
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

JUN 29 2020
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