



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2023

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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 JAN -4 P 3:39

1. Entity ID Number 000515242		2. Exact name of the Corporation CELESTIAL Church of Christ Heart of God	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Church Services And Counselling.	
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 ☐			
President Name PASTOR EMMANUEL TAIWO		Vice-President Name	
Street Address 626 WARWICK AVE.		Street Address	
City WARWICK	State R.I.	City	State R.I. Zip 02888
Secretary Name Joseph TAIWO		Treasurer Name ABIMBOLA SIMISOLA	
Street Address 626 WARWICK AVE.		Street Address 626 WARWICK AVE.	
City WARWICK	State R.I.	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 ☐			
Director Name OLUSOLA SEGUNMANU		Director Name BUKOLA DARAMOLA	
Street Address 626 WARWICK AVE.		Street Address 626 WARWICK AVE.	
City WARWICK	State R.I.	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.	City	State R.I. Zip 02888
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 PASTOR EMMANUEL O. TAIWO		Date 1-4-2023	
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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FORM 631 - Revised: 11/2021