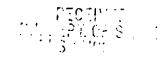


State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**



→ Filing period: February 1 - May 1 → Filing Fee \$20.00

→ Penalty: Additional \$25,00 fee if t	form is not filed by	2024 JAN 26 P 3: 35			
Entity ID Number	2 Exact name of the Corporation				
001766213	DEEP LOVE MINISTRY				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
RI	To gather Couple's to gether annually, To, renew their Love and have nio				
4. NAICS Code	To renew their Love and have nico				
813319	time together.				
6. Principal Office Address			City	State	Zip
93 Burns Street			Providena	14	02904
7. List ALL officers (names and add	resses)	Check the box to indicate an attachment			
President Name OREOLUWA V. PELELUM			Vice-President Name OLAN REN AJU PELELLIN		
Street Address 93 BURNS ST.			Street Address 93 BURNS ST.		
CITY PROVIDENCE	State PJ	Zip 02-904	City PROVIDENCE	State RJ	Zip DZ9VY
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.					
Director Name A 2 CO2 HAIA V. PC/ C1110 Director Name 0/ ANR 60 AN PC/ F140					
Director Name OREOZUWA V. PELETUA			01/11/11/01/01/11/11/11		
Street Address 93 BURNS 57.			Street Address 93 Burns Street		
cin PROVIDENCE	State P1	Zip D2904	city Providence	State P1	Zip 0294
Director Name Omowum1 C AKINLADE			Director Name		
Street Address 16 VINEYARD 51.			Street Address		
City PANITUKET	State PI	Zip 02806	City	State	Zıp
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 Authonzed Representative, Receiver or Trustee					
Name of Officer/Authorized Representative				Date of 120	17/1
OREOLUWA PELELUA				Date 01 20	71 24
Signature of Officer/Authorized Representative					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov FILED

JAN 2 6 2024 BY ML X D M N FOI

FORM 631- Revised, 12/2023