



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Non-Profit Corporation

2024

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PLACES  
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→ Filing period: February 1 - May 1

→ Filing Fee \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2024 JAN 26 P 3:35

1. Entity ID Number 001766213		2. Exact name of the Corporation DEEP LOVE MINISTRY			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To gather couples together annually, To renew their Love and have nice time together.			
4. NAICS Code 813319					
6. Principal Office Address 93 Burns Street		City Providence		State RI	Zip 02904
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name OREOLUWA V. PELELUN		Vice-President Name OLANRENAYU PELELUN			
Street Address 93 BURNS ST.		Street Address 93 BURNS ST.			
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name OREOLUWA V. PELELUN		Director Name OLANRENAYU PELELUN			
Street Address 93 BURNS ST.		Street Address 93 Burns Street			
City PROVIDENCE	State RI	Zip 02904	City Providence	State RI	Zip 02904
Director Name Omowumi C. AKINLADI		Director Name			
Street Address 16 VINEYARD ST.		Street Address			
City Pawtucket	State RI	Zip 02806	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
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 OREOLUWA PELELUN				Date 01/26/24	
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.ri.gov

FILED

JAN 26 2024  
BY ML XDMNN

FORM 631- Revised: 12/2023