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**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
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.

1. Entity ID Number 001725113		2. Exact name of the Corporation The Redeemed Christian Church of God, Peculiar Generation Parish	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Propagation of Doctrines and Teaching of Jesus Christ. Teaching the love of God to young Adults of all Nations	
4. NAICS Code 813110			
6. Principal Office Address 213 Laurel Hill Ave		City Providence	State RI
		Zip 02909	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Babatope Ajiboye		Vice-President Name Fafar Falana	
Street Address 213 Laurel Hill Ave		Street Address 213 Laurel Hill Ave	
City Providence	State RI	Zip 02909	City Providence
			State RI
			Zip 02909
Secretary Name Ayotunde Banjoko		Treasurer Name	
Street Address 19 Harrison Street		Street Address	
City Pawtucket	State RI	Zip 02860	City
			State
			Zip
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 Adegoke Adesola		Director Name Ayotunde Bamijoko	
Street Address 94 Bogman Street		Street Address 19 Harrison Street	
City Providence	State RI	Zip 02909	City Pawtucket
			State RI
			Zip 02860
Director Name David Falana		Director Name	
Street Address 213 Laurel Hill Ave		Street Address	
City Providence	State RI	Zip 02909	City
			State
			Zip
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.			
<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 Babatope Ajiboye			Date 2/16/2024
Signature of Officer/Authorized Representative Babatope Ajiboye			320

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
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BY Elyfe