



**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.

REC'D RIDOS BSD  
14 JUL 8 AM 11:21:00

1. Entity ID Number <b>001766753</b>		2. Exact name of the Corporation <b>The Faithful Fellowship Ministry</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Religious organization/church</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>418 Tannun Avenue</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
7. List ALL officers (names and addresses). <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>AMOS ADELAIDE</b>			Vice-President Name		
Street Address <b>20 SYLVIA LANE</b>			Street Address		
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City	State	Zip
Secretary Name <b>DORCAS ADEYEMU</b>			Treasurer Name		
Street Address <b>923 Barnum St</b>			Street Address		
City <b>New Bedford</b>	State <b>MA</b>	Zip <b>02745</b>	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MATTHEW AWOLEYE</b>			Director Name <b>ADEDEMI OLADIPU</b>		
Street Address <b>36 JANE ST.</b>			Street Address <b>37 LANGDON AVE</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>
Director Name <b>VICTORIA ELUKA</b>			Director Name		
Street Address <b>35 Jillson Ave</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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 <b>ADEDEMI OLADIPU</b>				Date <b>7/8/2024</b>	
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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BY 6915F