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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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: 001731468	2. Exact name of the Corporation: GOLDEN HEART OF LIFE FOUNDATION
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Helping the less privilege and poor in America and Africa
4. NAICS Code: 813110	

6. Principal Office Address: 7 DOSCO DRIVE	City: PROVIDENCE	State: RI	Zip: 02904

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)

President Name: BEATRICE ADERONKE KUTI	Vice-President Name: EMMANUEL O. KUTI
Street Address: 7 DOSCO DRIVE	Street Address: 7 DOSCO DRIVE
City: PROVIDENCE State: RI Zip: 02904	City: PROVIDENCE State: RI Zip: 02904
Secretary Name: AARICA D. AJAYI	Treasurer Name:
Street Address: 86 LANCASHIRE STR. APT#2	Street Address:
City: PROVIDENCE State: RI Zip: 02908	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 ☐

Director Name: BEATRICE ADERONKE KUTI	Director Name: EMMANUEL O. KUTI
Street Address: 7 DOSCO DRIVE	Street Address: 7 DOSCO DRIVE
City: PROVIDENCE State: RI Zip: 02904	City: PROVIDENCE State: RI Zip: 02904
Director Name: AARICA DARA AJAYI	Director Name:
Street Address: 86 LANCASHIRE STR APT #2	Street Address:
City: PROVIDENCE State: RI Zip: 02908	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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

FILED
JAN 14 2025
BY VJmR8

Name of Officer/Authorized Representative: BEATRICE ADERONKE KUTI — Date: 1/14/2025

Signature of Officer/Authorized Representative: [signature]

EJ

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 04/2023