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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	2. Exact name of the Corporation
1766213	DEEP LOVE MINISTRY
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	TO gather Couple's together annually. To renew their love and have nice time together.
4. NAICS Code	
813319	

6. Principal Office Address	City	State	Zip
93 Burns Street	Providence	RI	02904

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	OREOLUWA V. PELELUA		**Vice-President Name**	OLANREWAJU PELELUA	
Street Address	93 BURNS ST.		**Street Address**	93 Burns St	
City	Providence	**State** RI **Zip** 02904	**City**	Providence	**State** RI **Zip** 02907
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. — Check the box to indicate an attachment ☐

Director Name	OREOLUWA V. PELELUA		**Director Name**	OLANREWAJU Pelelua	
Street Address	93 Burns ST		**Street Address**	93 Burns Street	
City	Providence	**State** RI **Zip** 02904	**City**	Providence	**State** RI **Zip** 02907
Director Name	Omowumi C. AKINLADE		**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.

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.

Name of Officer/Authorized Representative	Date
OREOLUWA PELELUA	1/14/25

Signature of Officer/Authorized Representative

Oreoluwa

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 14 2025
BY XAVIER

FORM 631- Revised 01/2023

AA.