



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.

REC'D 21005 950
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1. Entity ID Number <u>515242</u>		2. Exact name of the Corporation <u>Celestial Church of Christ Heart of God Parish</u>	
3. State of Incorporation <u>R-I</u>		5. Brief description of the character of business conducted in Rhode Island <u>To Conduct Church Services</u>	
4. NAICS Code <u>813410</u>			
6. Principal Office Address <u>626 Warwick Ave R.I.</u>		City <u>Warwick</u>	State <u>R.I.</u>
		Zip <u>02888</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>PASTOR Emmanuel Taiwo</u>		Vice-President Name	
Street Address <u>626 Warwick Ave</u>		Street Address	
City <u>Warwick</u>	State <u>R.I.</u>	City	State
Zip <u>02888</u>		Zip	
Secretary Name <u>Joseph Taiwo</u>		Treasurer Name <u>Abimbola Taiwo</u>	
Street Address <u>626 Warwick Ave</u>		Street Address <u>626 Warwick Ave</u>	
City <u>Warwick</u>	State <u>R.I.</u>	City <u>Warwick</u>	State <u>R.I.</u>
Zip <u>02888</u>		Zip <u>02888</u>	
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 <u>Olusola Segunmimu</u>		Director Name <u>Bukola Taiwo Daramola</u>	
Street Address <u>626 Warwick Ave</u>		Street Address <u>626 Warwick Ave</u>	
City <u>Warwick</u>	State <u>R.I.</u>	City <u>Warwick</u>	State <u>R.I.</u>
Zip <u>02888</u>		Zip <u>02888</u>	
Director Name <u>Esther Taiwo</u>		Director Name <u>Mary Oluwofemi</u>	
Street Address <u>626 Warwick Ave</u>		Street Address <u>626 Warwick Ave</u>	
City <u>Warwick</u>	State <u>R.I.</u>	City <u>Warwick</u>	State <u>R.I.</u>
Zip <u>02888</u>		Zip <u>02888</u>	
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 <u>PASTOR Emmanuel Taiwo</u>			Date <u>03/12/2025</u>
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

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