



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

FILED

MAR 12 2025
BY 1937 AA

FORM 631- Revised 12/2023