RECD RIDOS 650
25 MAR 12 PM 3:28:09

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
1763613	Heart of God Charitable Organization.
3. State of Incorporation: R.I.	5. Brief description of the character of business conducted in Rhode Island: For Charitable purposes And Distribution, food, And Money for the Underprivileged.
4. NAICS Code: 813410	

6. Principal Office Address	City	State	Zip
626 Warwick Ave.	Warwick.	R.I.	02888

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

President Name	Vice-President Name
Pastor Emmanuel Tairo	
Street Address: 626 Warwick Ave.	Street Address
City: Warwick / State: R.I. / Zip: 02888.	City / State / Zip
Secretary Name: Joseph Tairo	Treasurer Name: Abimbola Tairo
Street Address: 626 Warwick Ave.	Street Address: 626 Warwick Ave.
City: Warwick / State: R.I. / Zip: 02888.	City: Warwick / State: R.I. / Zip: 02888.

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Olusola Segunmaru.	Bukola Tairo Daramola
Street Address: 626 Warwick Ave.	Street Address: 626 Warwick Ave.
City: Warwick / State: R.I. / Zip: 02888.	City: Warwick / State: R.I. / Zip: 02888.
Director Name: Esther Tairo	Director Name: Mary Olorunfemi.
Street Address: 626 Warwick Ave.	Street Address: 626 Warwick Ave.
City: Warwick / State: R.I. / Zip: 02888	City: Warwick / State: R.I. / 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	Date
Pastor Emmanuel Tairo	3-12-2025.

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

MAR 12 2025
BY 937 AA

FORM 631- Revised 12/2023