RI SOS Filing Number: 202567052520 Date: 3/12/2025 4:00:00 PM

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.

CELESTIAL CHURCH OF CHRIST REV SBJ OSHOFFA MEMORIAL

1. Entity ID Number	2. Exact name of the Corporation
001771703	CELESTIAL CHURCH OF CHRIST REV.SBJ. OSHOFFA MEMORIAL
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: TO CONDUCT CHURCH SERVICES, FOR WORSHIPPING AND MARRIGE COUNSELING,
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
630 CHARLES STREET	PROVIDENCE	RI	02904

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

President Name	Vice-President Name
GODONU LINO MARTIAL TOSEH	
Street Address: 630 CHARLES STREET PROVIDENCE RI 02904	Street Address:
City / State / Zip	City / State / Zip
Secretary Name: HANNAH T. HUNSU	Treasurer Name: TINUKE Y. FARINDE
Street Address: 630 CHARLES STREE	Street Address: 630 CHARLES STREET
City: PROVIDENCE State: RI Zip: 02904	City: PROVIDENCE State: RI Zip: 02904

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
GODONU LINO MARTIAL TOSEH	TINUKE Y. FARNDE
Street Address: 630 CHARLES STREET	Street Address: 630 CHARLES STREET
City: PROVIDENCE State: RI Zip: 02904	City: PROVIDENCE State: RI Zip: 02904
Director Name: HANNAH T. HUNSU	Director Name:
Street Address: 630 CHARLES STREET	Street Address:
City: PROVIDENCE State: RI Zip: 02904	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
GODONU LINO MARTIAL TOSEH	3/12/2025

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

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FILED
MAR 12 2025
BY

FORM 631 Revised 12/2023