RI SOS Filing Number: 202569734280 Date: 4/9/2025 4:00:00 PM

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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
000061653	God's Family church INC
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	Church/religion Organization
4. NAICS Code	
813110	

6. Principal Office Address	City	State	Zip
1525 Broad St	Cranston	RI	02905

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

President Name	Vice-President Name
Rev. DR. Paul Fakunle	Rev (Mrs) Gladys Fakunle
Street Address: 37 Vickery St	Street Address: 37 Vickery Street
City: WARWICK State: RI Zip: 02888	City: Warwick State: RI Zip: 02888
Secretary Name	**Treasurer Name**
Rosemary Fakunle	Patricia Abdukkarim
Street Address: 37 Vickery St	Street Address: 40 Clements St.
City: WARWICK State: RI Zip: 02888	City: Pawt. State: RI Zip: 02908

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
Victoria-Fakunle Olivera	Rev Gladys Fakunle
Street Address: 37 Vickery St	Street Address: 37 Vickery St
City: WARWICK State: RI Zip: 02888	City: Warwick State: RI Zip: 02888
Director Name	**Director Name**
Suzan Fakunle	Rev. Paul Fakunle
Street Address: 37 Vickery St	Street Address: 37 Vickery St
City: WARWICK State: RI Zip: 02888	City: Warwick State: RI 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
Rev. DR. Paul Fakunle	4/9/25

Signature of Officer/Authorized Representative: Paul Fakunle

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
APR 09 2025
BY TBW 25

FORM 631- Revised. 12/2023