RI SOS Filing Number: 202571496750 Date: 4/23/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 APR 23 PM 2:32:13

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: 001725113	2. Exact name of the Corporation: The Redeemed Christian Church of God Peculiar Generation Parish
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Propagation of Doctrines and teachings of Jesus Christ, Teaching the love of God to Young Adults of All Nations
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
213 Laurel Hill Ave	Providence	RI	02909

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

President Name: Babatope Ajiboye			Vice-President Name: Tolulope Ajiboye		
Street Address: 213 Laurel Hill Ave			Street Address: 213 Laurel Hill Ave		
City: Providence	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02909
Secretary Name: Adegoke Adesola			Treasurer Name		
Street Address: 94 Bogman Street			Street Address		
City: Providence	State: RI	Zip: 02909	City	State	Zip

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

Director Name: Favor Falang			Director Name: Adegoke Adesola		
Street Address: 213 Laurel Hill Ave			Street Address: 94 Bogman Street		
City: Providence	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02909
Director Name: Ayotunde Banjoko			Director Name		
Street Address: 19 Harrison Street			Street Address		
City: Pawtucket	State: RI	Zip: 02860	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
Babatope Ajiboye	04/23/2025

Signature of Officer/Authorized Representative: Babatope Ajiboye

FILED
APR 23 2025
BY 1354

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 12/2023