**State of Rhode Island**
**Department of State - Business Services Division**

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**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 |
|---|---|
| 001725113 | The Redeemed Christian Church of God Peculiar Generation Parish |
| **3. State of Incorporation** | **5. Brief description of the character of business conducted in Rhode Island** |
| RI | 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 Falana | | 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** | **FILED** |
| Babatope Ajiboye | |

**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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FORM 631- Revised: 12/2023