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
001766753	The Faithful Fellowship Ministry
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Religious organization/church
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
418/420 Taunton Ave	East Providence	RI	02914

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

President Name: SILAS A. OSOBAJO			Vice-President Name		
Street Address: 80 BUCKLIN ST.			Street Address		
City: PAWTUCKET	State: RI	Zip: 02861	City	State	Zip
Secretary Name: DR. DURCAS ADEYEMO			Treasurer Name		
Street Address: 923 BARNUM ST			Street Address		
City: NEW BEDFORD	State: MA	Zip: 02745	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: GODWIN OYAKIRE			Director Name: ADEREMI OLADIPO		
Street Address: 119 GREENBRIER DR.			Street Address: 37 LANGDON AVE		
City: SEEKONK	State: MA	Zip: 02771	City: PAWTUCKET	State: RI	Zip: 02861
Director Name: VICTORIA ELUWA			Director Name		
Street Address: 35 JILLSON AVENVE			Street Address		
City: WOONSOCKET	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
ADEREMI OLADIPO	7/01/2025

Signature of Officer/Authorized Representative: Aderemi Oladipo

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