RI SOS Filing Number: 202579633940 Date: 10/14/2025 2:16:00 PM

State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE

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
000064364	CELESTIAL CHURCH OF CHRIST PROVIDENCE PARISH
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: CHRISTIAN RELIGION WORSHIPPING
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
380 Public Street	Providence	RI	02905

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

President Name: ROTIMI ABEGUNDE			Vice-President Name: ESTHER COOPERBAND		
Street Address: 380 PUBLIC STREET			Street Address: 380 PUBLIC STREET		
City: PROVIDENCE	State: RI	Zip: 02905	City: PROVIDENCE	State: RI	Zip: 02905
Secretary Name: BOLA KOWE			Treasurer Name: VICTOR ADEWUSI		
Street Address: 380 PUBLIC STREET			Street Address: 380 PUBLIC STREET		
City: PROVIDENCE	State: RI	Zip: 02905	City: PROVIDENCE	State: RI	Zip: 02905

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

Director Name: FESTUS OTELE			Director Name: DR. ADEDAYO PELOTE		
Street Address: 380 PUBLIC STREET			Street Address: 380 PUBLIC STREET		
City: PROVIDENCE	State: RI	Zip: 02905	City: PROVIDENCE	State: RI	Zip: 02905
Director Name: ADEFUNKE OLUKOYA			Director Name: FRIDAY AISAGBONHI		
Street Address: 380 PUBLIC STREET			Street Address: 380 PUBLIC STREET		
City: PROVIDENCE	State: RI	Zip: 02905	City: PROVIDENCE	State: RI	Zip: 02905

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
VICTOR ADEWUSI	**10-07-2025**

Signature of Officer/Authorized Representative: *Victor Adewusi*

FILED

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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BY 43RgD
2:16

FORM 631- Revised. 12/2023

`1DIRECTOR - SUSAN ROGERS-WILLIAMS - 380 PUBLIC STREET, PROVIDENCE, RI 02905

DIRECTOR - OMOLOLA OTELE - 380 PUBLIC STREET, PROVIDENCE, RI 02905

DIRECTOR - EMMANUEL ADEYEMI - 380 PUBLIC STREET, PROVIDENCE, RI 02905

DIRECTOR – LANRE OLOKO - 380 PUBLIC STREET, PROVIDENCE, RI 02905