



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 000126362		2. Exact name of the Corporation DEEPER LIFE BIBLE CHURCH		2022 JUL 20 A 10:42	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island RELIGIOUS			
4. NAICS Code 813110					
6. Principal Office Address 681 BROADWAY P.		City PROVIDENCE	State RI	Zip 02909	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name ADEKOLA ADEDEJI			Vice-President Name ARILADE ADEDEJI		
Street Address 266 CONNECTICUT AVENUE			Street Address 266 CONNECTICUT AVE		
City NEWINGTON	State CT	Zip 06111	City NEWINGTON	State CT	Zip 06111
Secretary Name SAMUEL PINKRAH			Treasurer Name OLUSEGUN AKINTOLA		
Street Address 22 EDDY ST			Street Address 24 JANE ST		
City NORTH PROVIDENCE	State RI	Zip 02911	City NORTH PROVIDENCE	State RI	Zip 02904
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANOSIKE NJOKU			Director Name OLUREMI AKINTOLA		
Street Address 21 LANCASTER ST			Street Address 24 JANE ST		
City PROVIDENCE	State RI	Zip 02908	City NORTH PROVIDENCE	State RI	Zip 02904
Director Name CALLISTA A NJOKU			Director Name		
Street Address 21 LANCASTER ST			Street Address		
City PROVIDENCE	State RI	Zip 02908	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative OLUSEGUN AKINTOLA				Date 20 Jul 22	
Signature of Officer/Authorized Representative 				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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