



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>C00506652</u>		2. Exact name of the Corporation <u>AFRICAN YOUTH FOUNDATION OF RHODE ISLAND</u>			
3. State of Incorporation <u>RI</u>		4. Corporate Address in RI - Street Address <u>270 PRAIRIE AVE</u>		City <u>PROVIDENCE</u>	Zip <u>02905</u>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island <u>Teaching Leadership and Diversity in a Safe and Controlled Environment</u>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <u>Harold Omisese</u>			Vice-President Name <u>Bode Omisese</u>		
Street Address <u>213 Sackett St</u>			Street Address <u>150 Melrose St</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>
Secretary Name <u>Murana Akinfolarin</u>			Treasurer Name <u>Murana Akinfolarin</u>		
Street Address <u>270 Prairie Ave</u>			Street Address <u>270 Prairie Ave</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <u>Asad Akinfolarin</u>			Director Name		
Street Address <u>270 Prairie Ave</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. REGISTERED AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

BY 0167240 MURANA AKINFOLARIN  
Print or Type Name of Officer

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.

**FILED** 050

MAR 27 2012

Signature of Officer

Date

SECRETARY/TREASURER  
Title of Officer

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 CORPORATIONS DIV  
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