



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 **2014**

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. 499744		2. Exact name of the Corporation YORUBA ELDERS INTERNATIONAL SOCIETY			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To promote, preserve, honor, celebrate, and share the Yoruba and Nigerian cultural heritage, values and history, by organizing activities and programs.			
5. Principal office address 46 Fallon Avenue		City Providence		State RI	Zip 02908
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Patrick Adesuyi		Vice-President Name Isau Adebimpe			
Street Address P. O. Box 324		Street Address 43 Jean Street			
City Providence	State RI	Zip 02901-0324	City Middletown	State RI	Zip 02842
Secretary Name Oladipo Dina		Treasurer Name Kehinde Adegoke			
Street Address 82 Allston Street		Street Address 118 Melrose Street			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02907
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Isau Adebimpe		Director Name Kehinde Adegoke			
Street Address 43 Jean Street		Street Address 118 Melrose Street			
City Middletown	State RI	Zip 02842	City Providence	State RI	Zip 02907
Director Name Flo. Adeni-Awosika		Director Name Samuel Ablade			
Street Address 266 Dudley Street		Street Address 46 Fallon Avenue			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02908
8. REGISTERED AGENT IN RHODE ISLAND					
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, duly Authorized Representative, Receiver or Trustee

File Date
Check No
By:
FOR SECRETARY OF STATE USE ONLY

FILED

JUN 06 2014

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.

Signature of Officer or Authorized Representative

Date

PATRICK ADESUYI

Print or Type Name of Officer or Authorized Representative

PRESIDENT