



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUL 11 2018

BY

3445

1. Entity ID Number 499744		2. Exact name of the Corporation Yoruba Elders International Society			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To organize programs and activities; Celebrate and share Yoruba and Nigerian cultural heritage; Provide social programs and relief services to the elderly, individuals and families.			
4. NAICS Code 624120 - Services for Elderly ☐					
6. Principal Office Address 46 Fallon Avenue			City Providence	State RI	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Samuel Abiade			Vice-President Name Pastor Patrick Adesuyi		
Street Address 46 Fallon Avenue			Street Address 84 Atwood Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02909
Secretary Name Martin Akinde			Treasurer Name Florence Adeni-Awosika		
Street Address P.O. Box 324			Street Address 266 Dudley Street		
City Providence	State RI	Zip 02901-0324	City Providence	State RI	Zip 02907
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒					
Director Name Samuel Abiade			Director Name Pastor Patrick Adesuyi		
Street Address 46 Fallon Avenue			Street Address 84 Atwood Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02909
Director Name Isau Adebimpe			Director Name Florence Adeni-Awosika		
Street Address 43 Jean Street			Street Address 266 Dudley Street		
City Middletown	State RI	Zip 02842	City Providence	State RI	Zip 02907
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Samuel Abiade (President)				Date June 29, 2018	
Signature of Officer/Authorized Representative <i>Samuel A. Abiade</i>				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

Directors (Other names and addresses): RI Entity# 499744

**Kehinde Adegoke
118 Melrose Street
Providence, RI 02907**

**Pastor Emmanuel Taiwo
626 Warwick Avenue
Providence, RI 02888**

**Samuel Oyetayo
85 Yorkshire Street
Providence, RI 02908**

**Martin Akinde
P.O. Box 324
Providence, RI 02901-0324**

**Musibau Shittu
3 Cecilia Drive
Johnston, RI 02919**

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JUL 11 2018 *ed*
BY 3445