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

FILED
JUL 11 2018
BY 3445

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.

1. Entity ID Number	2. Exact name of the Corporation
499744	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 a	

6. Principal Office Address	City	State	Zip
46 Fallon Avenue	Providence	RI	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.

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
Samuel Abiade (President)	June 29, 2018

Signature of Officer/Authorized Representative: Samuel A. Abiade — 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

FORM 631 - Revised: 11/2017

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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