



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

SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
 Non-Profit Corporation

2019 DEC 20 PM 4:14

- 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 1687579		2. Exact name of the Corporation Family Empowerment and Youth Re-Oriented Path Initiative (FEYREP)	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To empower families of the people of Akwa Ibom State of Nigeria both in Diaspora and at Home and restore values in their youth. To create a platform that promotes global effort to advance sustainable development	
4. NAICS Code 813990			
6. Principal Office Address 60 Thurber Blvd		City Smithfield	State RI
		Zip 02917	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Martha Udou		Vice-President Name Etop Okokon	
Street Address 3939 Manor House Drive		Street Address 60 Thurber Blvd	
City Charlotte	State NC	Zip 28270	City Smithfield
			State RI
			Zip 02917
Secretary Name How Okokon		Treasurer Name	
Street Address 45 Malvern Street		Street Address	
City Prov	State RI	Zip 02904	City
			State
			Zip
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 Martha Udou		Director Name How Okokon	
Street Address 3939 Manor House Drive		Street Address 45 Malvern St	
City Charlotte	State NC	Zip 28270	City Prov
			State RI
			Zip 02904
Director Name Etop Okokon		Director Name	
Street Address 60 Thurber Blvd		Street Address	
City Smithfield	State RI	Zip 02917	City
			State
			Zip
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			Date
Signature of Officer/Authorized Representative Etop Okokon			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

BY **OCF77**
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 FORM 631 - Revised: 03/2019