



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

SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year:
Non-Profit Corporation

2019

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-Orientation Path Initiative (FERP)	
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 Udom		Vice-President Name Etop Okokon	
Street Address 3939 Manor House Drive		Street Address 60 Thurber Blvd	
City Charlotte	State NC	City Smithfield	State RI
Zip 28270		Zip 02917	
Secretary Name How Okokon		Treasurer Name	
Street Address 45 Malvern Street		Street Address	
City Prov	State RI	City	State
Zip 02904		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 Udom		Director Name How Okokon	
Street Address 3939 Manor House Drive		Street Address 45 Malvern St	
City Charlotte	State NC	City Prov	State RI
Zip 28270		Zip 02904	
Director Name Etop Okokon		Director Name	
Street Address 60 Thurber Blvd		Street Address	
City Smithfield	State RI	City	State
Zip 02917		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
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 **CA** **QCF77**
4/14
FORM 631 - Revised: 03/2019