



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

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 R.I. DEPT. OF STATE
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Annual Report for the year: 2020
 Non-Profit Corporation

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- 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 Youth Re-Orientaton Family Empowerment and Path Initiative (FEYREP) | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island Youth and families of the people of A Kwa Ibom State of Nigeria both in the Diaspora and at home. Also to restore Values Value in 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 STOP OKOKON | |
| Street Address 3939 Manor House Ave | | Street Address 60 Thurber Blvd | |
| City Charlotte | State NC | City Smithfield | State RI |
| Zip 28270 | | Zip 02917 | |
| Secretary Name Itozo Okokon | | Treasurer Name | |
| Street Address 45 Malvern Street | | Street Address | |
| City Providence | 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 Itozo Okokon | |
| Street Address 3939 Manor House Ave | | Street Address 45 Malvern street | |
| City Charlotte | State NC | City Providence | State RI |
| Zip 28270 | | Zip 02904 | |
| Director Name STOP 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. | | | |
| 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 STOP OKOKON | | | Date 8/13/2020 |
| Signature of Officer/Authorized Representative <i>[Signature]</i> | | | |

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

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