



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:

2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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RI DEPT. OF STATE  
BUS SVCS DIV

2023 JAN 23 P 12:53

1. Entity ID Number 000115768		2. Exact name of the Corporation EKO CLUB OF R.I.	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE HUMAN SERVICES, REDEVELOP COMMUNITIES AND ENHANCE THE QUALITY OF LIFE FOR OUR MEMBERS AND THE COMMUNITY AT LARGE	
4. NAICS Code 813219			
6. Principal Office Address 128 FRANCIS AVENUE		City PAWTUCKET	State R.I. Zip 02860
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name KAMALDEEN - LAMBO		Vice-President Name YINKA - NORMAL WILLIAMS	
Street Address 1377 CHALKSTONE AVENUE		Street Address 41 RUSHMORE AVENUE	
City PROVIDENCE	State R.I.	City PROVIDENCE	State R.I. Zip 02908
Secretary Name MUYIWA - DYDELE		Treasurer Name TOLU ATAKENU.	
Street Address 132 METCALF STREET		Street Address 20 LENA STREET	
City PROVIDENCE	State R.I.	City NORTH PROVIDENCE	State R.I. Zip 02904
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name RICHARDSON OGIDAN		Director Name OLAJIDE DAMMOLA	
Street Address 127 WARRINGTON AVENUE		Street Address 23 MYTLE STREET	
City PROVIDENCE	State R.I.	City PAWTUCKET	State R.I. Zip 02860
Director Name SAMUEL OYETHAYO		Director Name SEGUN - DARAMOLA	
Street Address 85 YORKSHIRE STREET		Street Address 128 FRANCIS AVENUE	
City PROVIDENCE	State R.I.	City PAWTUCKET	State R.I. Zip 02860
9. The Registered Agent information of record with the RI Department of State is accurate. 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 KAMALDEEN - LAMBO		Date 1/23/23	
Signature of Officer/Authorized Representative 		FILED 1253 JAN 23 2023	

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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