



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

2023 APR -6 A 10:57

1. Entity ID Number 000675526		2. Exact name of the Corporation Re-deemed Day and Evening After School Program			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island After school program for secondary school students			
4. NAICS Code 813319					
6. Principal Office Address 213 Laurel Hill Ave			City Providence	State RI	Zip 02909
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Moses Oje			Vice-President Name		
Street Address 95 Kimball St.			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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 Eza Aso			Director Name Yinka Folami		
Street Address 14 Squanto St.			Street Address 213 Laurel Hill Ave		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02909
Director Name Omodele Ojadejo			Director Name		
Street Address 17 Harris Ave			Street Address		
City Lincoln	State RI	Zip 02802	City	State	Zip
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.					
<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 Moses Oje				Date 4/6/2023	
Signature of Officer/Authorized Representative MOSES OJE					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

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 BY ML 2664