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State of Rhode Island

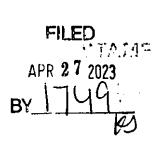
Department of State - Business Services Division

Annual Report for the year:	2023
Non-Profit Corporation	2020
Manistrani Guruoranon	

-> Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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



1. Entity ID Number	2. Exact name of the Corporation						
000499744	YORUBA ELDERS INTERNATIONAL SOCIETY						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	Provide social programs an relief services to the elderly, youth and families;						
4. NAICS Code	Organize other charitable, educational, heritage and historical activities.						
624120 - Services for Elderly a							
6. Principal Office Address			City	State	Zip		
46 Fallon Avenue			Providene	RI	02908		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Samuel Abiade		Vice-President Name Pastor Patrick Adesuyi					
Street Address P.O. Box 324	Box 324		Street Address 1 Main Street				
^{City} Providence	State RI	^{Zip} 02901	City Pawtucket	State RI	^{Zip} 02860		
Secretary Name Martin Akinde			Treasurer Name Florence Adeni-Awosika				
Street Address P.O. Box 324	Box 324		Street Address 266 Dudley Street				
^{City} Providence	State RI	^{Zip} 02901	City Providence	State RI	^{Zip} 02907		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Samuel Abiade			Director Name Pastor Patrick Adesuyi				
Street Address P.O. Box 324		Street Address 1 Main Street					
^{City} Providence	State RI	^{Zip} 02901	City Pawtucket	State RI	^{Zip} 02860		
Director Name Isau Adebimpe		Director Name Kehinde adegoke					
Street Address P.O. Box 324		Street Address 118 Melrose Street					
^{City} Providence	State RI	^{Zip} 02901	City Providence	State RI	^{Zip} 02907		
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				Date			
Samuel Abiade			April:	24,2023			
Signature of Officer/Authorized Representative							
land Albin re							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov RI Entity# 000499744

Yoruba Elders International Society
Directors – Additional Names

Pastor Emmanuel Taiwo 626 Warwick Avenue Warwick. RI 02888

Philomena Fayanjuola 14 Jane Street North Providence, RI 02904

Farouk Martins 2 Gore Street Place Cambridge, MA 02141

Samuel Oyetayo 85 Yorkshire Street Providence, RI 02908

Lateef Animashaun 47 Rankin Avenue Providence, RI 02908

Martin Akinde P.O. Box 324 Providence, RI 02901

Oladipo Dina 82 Alston Street Providence, RI 02908

Musibau Shittu 3 Cecelia Drive Johnston, RI 02919 FILED

APR 27 2023

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