		te of Rhode Island the Secretary of State	Fee: \$20.00	
		on Of Business Services		
		48 W. River Street		
1636	Provi	idence RI 02904-2615 (401) 222-3040		
	(t.e			
Non-Profit Corporat Annual Report	lion			
Filing Period: February	1 - May 1			
In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR - ENTER THE <u>CURRENT</u> FILING YEAR <b>2023</b> : <u>2023</u>				
1. Corporate ID No. 001748731				
2. Name of Corporation <u>JummyOla Foundation</u>				
3. State of Incorporation	tion			
State: <u>RI</u>				
NAICS CODE				
Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>				
NAICS Code				
<u>813400</u>				
4. Principal Office Address				
No. and Street:	<u>3970 POST ROAD</u>			
City or Town:	WARWICK	State: <u>RI</u> Zip: <u>02886</u>	Country: <u>USA</u>	
5. Brief Description of the Character of the Affairs Conducted in Rhode Island				
SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS,				
EDUCATIONAL.				
AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF				
DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER THE				
<u>SECTION 501 (C)</u>				
(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY				
FUTURE FEDERAL	£			

## TAX CODE. THE BUSINESS ACTIVITY FOR SAID ORGANIZATION IS AS FOLLOWS: BUILDING

FINANCIAL FOUNDATION TO ENHANCE PEOPLE'S QUALITY OF LIFE.

## 6. Names and Addresses of the Officers and Directors:

## All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	OLAJUMOKE OLAGUNDOYE	3970 POST ROAD WARWICK , RI 02886 USA
TREASURER	OLAJUMOKE OLAGUNDOYE	3970 POST ROAD WARWICK , RI 02886 USA
SECRETARY	GLORISMER TORRES	3970 POST ROAD WARWICK , RI 02886 USA
VICE PRESIDENT	DANELLE DEBYE	99 MIDGLEY AVE WARWICK , RI 02886 USA
DIRECTOR	SALVATORE BUTERA	10 LEE AVE. PROVIDENCE , RI 02904 USA
DIRECTOR	OLAJUMOKE OLAGUNDOYE	3970 POST ROAD WARWICK , RI 02886 USA
DIRECTOR	DANELLE DEBYE	99 MIDGLEY AVE WARWICK , RI 02886 USA
DIRECTOR	SALVATORE BUTERA	10 LEE AVE. PROVIDENCE, RI 02904 USA
DIRECTOR	GLORISMER TORRES	3970 POST ROAD WARWICK , RI 02886 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

UNITED STATES CORPORATION AGENTS, INC. 222 JEFFERSON BLVD., SUITE 200 WARWICK , RI 02888

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

**Signed this 31 Day of July, 2023 at 8:18:26 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.* 

By JOLAGUNDOYE

Signature of Authorized Person

Form No. 631 Revised 09/07

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