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State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
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.

1. Entity ID Number <b>001736463</b>		2. Exact name of the Corporation <b>ARINDLA AND MICHAEL FOUNDATION</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Given back to the community regardless of their racial background. Including all the cities in Rhode Island</b>	
4. NAICS Code <b>624190</b>			
6. Principal Office Address <b>54 BAILEY DRIVE</b>		City <b>WEST GREENWICH</b>	State <b>R.I.</b>
		Zip <b>02817</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>ARINDLA OLAWUYI</b>		Vice-President Name <b>MICHAEL OLAWUYI</b>	
Street Address <b>54 BAILEY DRIVE</b>		Street Address <b>54 BAILEY DRIVE</b>	
City <b>W. GREENWICH</b>	State <b>R.I.</b>	City <b>W. GREENWICH</b>	State <b>R.I.</b>
Zip <b>02817</b>		Zip <b>02817</b>	
Secretary Name <b>OMODOLATI OLAWUYI</b>		Treasurer Name <b>NINOLA OLAWUYI</b>	
Street Address <b>54 BAILEY DRIVE</b>		Street Address <b>54 BAILEY DRIVE</b>	
City <b>W. GREENWICH</b>	State <b>R.I.</b>	City <b>W. GREENWICH</b>	State <b>R.I.</b>
Zip <b>02817</b>		Zip <b>02817</b>	
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 <b>ARINDLA OLAWUYI</b>		Director Name <b>OMODOLATI OLAWUYI</b>	
Street Address <b>54 BAILEY DRIVE</b>		Street Address <b>54 BAILEY DRIVE</b>	
City <b>W. GREENWICH</b>	State <b>R.I.</b>	City <b>W. GREENWICH</b>	State <b>R.I.</b>
Zip <b>02817</b>		Zip <b>02817</b>	
Director Name <b>MICHAEL OLAWUYI</b>		Director Name <b>OMODOLATI OLAWUYI</b>	
Street Address <b>54 BAILEY DRIVE</b>		Street Address <b>54 BAILEY DRIVE</b>	
City <b>W. GREENWICH</b>	State <b>R.I.</b>	City <b>W. GREENWICH</b>	State <b>R.I.</b>
Zip <b>02817</b>		Zip <b>02817</b>	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
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 <del>ARINDLA OLAWUYI</del> <b>ARINDLA OLAWUYI</b>			Date <b>02/01/2024</b>
Signature of Officer/Authorized Representative <b>A. OLAWUYI</b>			

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**  
**FEB 01 2024**  
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