



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

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 CURRENT YEAR 2024: 2024

1. Corporate ID No. 001747763

2. Name of Corporation Albany College of Pharmacy and Health Sciences

3. State of Incorporation

State: NY

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 [click here](#).

NAICS Code

611310

4. Principal Office Address

No. and Street: 106 NEW SCOTLAND AVE

City or Town: ALBANY

State: NY

Zip: 12208

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

EMPLOYMENT OF ADMISSIONS COUNSELOR ENGAGING IN CERTAIN LIMITED STUDENT RECRUITMENT ACTIVITIES

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title

Individual Name

First, Middle, Last, Suffix

Address

Address, City or Town, State, Zip Code, Country

PRESIDENT	OLUWATOYIN TOFADE	106 NEW SCOTLAND AVE ALBANY, NY 12208 USA
VICE PRESIDENT	MICHELE VIEN	106 NEW SCOTLAND AVE ALBANY, NY 12208 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

COGENCY GLOBAL INC. 222 JEFFERSON BOULEVARD 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 11 Day of March, 2024 at 12:24:57 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 MICHELE VIEN
Signature of Authorized Person

Form No. 631
Revised 09/07

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