State of Rhode Island
Office of the Secretary of State

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

Fee: $20.00

Non-Profit Corporation 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. 001750822

2. Name of Corporation RI ALLIED HEALTH & SAFETY INSTITUTE

3. State of Incorporation

State: RI

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
611519

4. Principal Office Address

No. and Street: 8
SUMMER COURT
City or Town: SMITHFIELD State: RI Zip: 02917-1868 Country: USA

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

NURSING AND ALLIED HEALTH TRAINING & EDUCATION

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	Address

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	ADA FEL EZEAMA	8 SUMMER CT SMITHFIELD, RI 02917-1868 USA
INCORPORATOR	ADA EZEAMA	8 SUMMER COURT SMITHFIELD, RI 02917 USA
DIRECTOR	ADA EZEAMA	8 SUMMER COURT SMITHFIELD, RI 02917 USA
DIRECTOR	MARTIN EZEAMA	8 SUMMER COURT SMITHFIELD, RI 02917 USA
DIRECTOR	MORRIS AKINFOLARIN	270 PRAIRE AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	CHIOMA MWANKWO	16 COLONIAL DRIVE LINCOLN, RI 02865 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

ADA EXEAMA 8 SUMMER COURT SMITHFIELD , RI 02917

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

Signed this 18 Day of March, 2024 at 1:50:17 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 ADA EZEAMA
Signature of Authorized Person

Form No. 631
Revised 09/07