RI SOS Filing Number: 202452109430 Date: 4/23/2024 4:00:00 PM



## 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

<u>2</u>
APR
23R
BSD 47:31

→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.				<u> </u>		
1. Entity ID Number 000797077	2. Exact name of the Corporation  Teral International					
State of Incorporation  RI	5. Brief description of the character of business conducted in Rhode Island Charitable Purposes					
4. NAICS Code 624230						
6. Principal Office Address 115 Salina Street			City Providence	State RI	Zip 02908	
7. List ALL officers (names and add	tresses)			ne box to indicate an	attachment	
President Name Ayiratu Alabi			Vice-President Name Ramony Alabi			
Street Address 115 Salina Street			Street Address 115 Salina Street			
City Providence	State RI	<sup>Zip</sup> 02908	<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02908	
Secretary Name Amudat Alabi			Treasurer Name Hakeem Alabi			
Street Address 115 Salina Street			Street Address 115 Salina Street			
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02908	City Providence	State RI	Zip 02908	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
Director Name Ayiratu Alabi			Director Name Ramony Alabi			
Street Address 115 Salina Street			Street Address 115 Salina Street			
City Providence	State RI	<sup>Zip</sup> 02908	<sup>City</sup> Providence	State RI	Zip U29U0	
Director Name Amudat Alabi			Director Name Hakeem Alabi			
Street Address 115 Salina Street			Street Address 115 Salina street			
City Providence	State RI	<sup>Zip</sup> 02908	<sup>City</sup> Providence	State RI	Zip 02908	
9. The Registered Agent information	in of record with th	ne RI Department	of State is accurate. Changes requi	re filing Form 641	·	
Under penalty of perjury, I declar statements, and that all statements			d this report, including any accon i correct.	npanying schedu	les and	
This report must be signed by either the Pres	sident, Vice-President,	Secretary, Assistant S	ecrelary, Treasurer, duly Authorized Represent	ative, Receiver or Trus	l <del>ee</del>	
Name of Officer/Authorized Representative				Date		
Ayiratu Alabi	April 19, 2024					
Signature of Officer/Authorized Rep Ay Irah Alah			FILED			
14411 70			ADD 0 0 000			

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos n.gov

