



State of Rhode Island
Department of State - Business Services Division

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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 000797077		2. Exact name of the Corporation Teral International			
3. 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 addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ayiratu Alabi			Vice-President Name Ramony Alabi		
Street Address 115 Salina Street			Street Address 115 Salina Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Amudat Alabi			Treasurer Name Hakeem Alabi		
Street Address 115 Salina Street			Street Address 115 Salina Street		
City Providence	State RI	Zip 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 <input type="checkbox"/>					
Director Name Ayiratu Alabi			Director Name Ramony Alabi		
Street Address 115 Salina Street			Street Address 115 Salina Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name Amudat Alabi			Director Name Hakeem Alabi		
Street Address 115 Salina Street			Street Address 115 Salina street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Ayiratu Alabi				Date April 19, 2024	
Signature of Officer/Authorized Representative <i>Ayiratu Alabi</i>				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov

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