



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Non-Profit Corporation

2024

- Filing period: February 1 - May 1  
→ Filing Fee: \$20.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD  
24 MAY 22 AM 11:58:03

1. Entity ID Number 000515853		2. Exact name of the Corporation MARY, QUEEN OF AFRICA COUNCIL #73, KNIGHTS OF COLUMBUS	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PROMOTE THE TEACHING OF ROMAN CATHOLIC CHURCH	
4. NAICS Code 813110			
6. Principal Office Address 99 CAMP STREET		City PROVIDENCE	State RI
		Zip 02906	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name MARTIN E. EZEAMA		Vice-President Name EDMUND BAGBLOR	
Street Address 8 SUMMER CT		Street Address 99 CAMP ST.	
City SMITHFIELD	State RI	City PROVIDENCE	State RI
Zip 02917		Zip 02906	
Secretary Name FEDINAND IHENACHO		Treasurer Name PASCAL AGUOCHIA	
Street Address 99 CAMP ST.		Street Address 99 CAMP ST.	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02906		Zip 02906	
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 JAMES ANDERSON		Director Name FEDINAND IHENACHO	
Street Address 63 MARCH ST		Street Address 99 CAMP ST	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02908		Zip 02906	
Director Name PASCAL AGUOCHIA		Director Name	
Street Address 99 CAMP ST		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02906		Zip	
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.			
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 MARTIN E. EZEAMA			Date 5/22/2024
Signature of Officer/Authorized Representative 			

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

FILED 1201

MAY 22 2024  
BY QSA6M

FORM 631- Revised: 04/2023