



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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARTIN E. EZEAMA			Vice-President Name EDMUND BAGBLOR		
Street Address 8 SUMMER CT			Street Address 99 CAMP ST.		
City SMITHFIELD	State RI	Zip 02917	City PROVIDENCE	State RI	Zip 02906
Secretary Name FEDINAND IHENACHO			Treasurer Name PASCAL AGUOCHIA		
Street Address 99 CAMP ST.			Street Address 99 CAMP ST.		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
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 JAMES ANDERSON			Director Name FEDINAND IHENACHO		
Street Address 63 MARCH ST			Street Address 99 CAMP ST		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02906
Director Name PASCAL AGUOCHIA			Director Name		
Street Address 99 CAMP ST			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	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 					

MAIL 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