

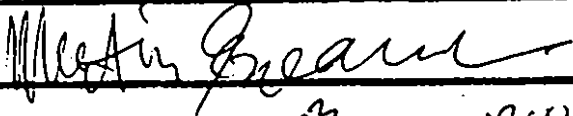
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**State of Rhode Island  
Department of State - Business Services Division**

**Annual Report for the year:** 2023  
**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 <b>000515853</b>		2. Exact name of the Corporation <b>MARY, QUEEN OF AFRICA COUNCIL #73, KNIGHTS OF COLUMBUS</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO PROMOTE THE TEACHING OF ROMAN CATHOLIC CHURCH</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>99 CAMP STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02906</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>MARTIN E. EZEAMA</b>		Vice-President Name <b>EDMUND BAGBLOK</b>	
Street Address <b>8 SUMMER CT</b>		Street Address <b>99 CAMP ST,</b>	
City <b>SMITHFIELD</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02917</b>		Zip <b>02906</b>	
Secretary Name <b>FEDINAND IHENACHO</b>		Treasurer Name <b>PASCAL AGUOCHA</b>	
Street Address <b>99 CAMP ST.</b>		Street Address <b>99 CAMP ST.</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02906</b>	
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 <b>JAMES ANDERSON</b>		Director Name <b>FEDINAND IHENACHO</b>	
Street Address <b>63 MARCH ST</b>		Street Address <b>99 CAMP ST</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02908</b>		Zip <b>02906</b>	
Director Name <b>PASCAL AGUOCHA</b>		Director Name	
Street Address <b>99 CAMP ST</b>		Street Address	
City <b>PROVIDENCE</b>	State <b>RI</b>	City	State
Zip <b>02906</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<i>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.</i>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <b>MARTIN E. EZEAMA</b>			Date <b>5/22/2024</b>
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 1200

MAY 22 2024  
BY Q. SAGM