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

1. Entity ID Number 001726054		2. Exact name of the Corporation Fatu Pondo Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Helping those in need with essential needs humanity demands in Rhode Island and rural area of Liberia			
4. NAICS Code 624210					
6. Principal Office Address 742 Potters Avenue			City Providence	State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Fayah Dentor			Vice-President Name Merna Porter		
Street Address 108 Burnett St.			Street Address 108 Burnett St.		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Comfort Dentor			Treasurer Name Comfort Dentor		
Street Address 108 Burnett St.			Street Address 108 Burnett St.		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
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 Alex Fayjah Quermorllue			Director Name Fayah Dentor		
Street Address 108 Burnett St.			Street Address 108 Burnett St.		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name Kwame Oldman Weeks			Director Name Comfort Dentor		
Street Address 108 Burnett St.			Street Address 108 Burnett St.		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
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 Fayah Dentor					Date 6/27/2024
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02804-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY BAYHL