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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: 001100121	2. Exact name of the Corporation: COMMITTEE OF FRIENDS OF STATE OF RHODE ISLAND
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Community / family support Development
4. NAICS Code: 813319	

6. Principal Office Address: 54 PINE HILL RD | City: Johnston | State: RI | Zip: 02919

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)

President Name: RICHARD LAWANI	Vice-President Name: AFOLABI AKANJI
Street Address: 54 PINE HILL RD	Street Address: 1 OLMSTED WAY APT 102
City: JOHNSTON / State: RI / Zip: 02919	City: PROVIDENCE / State: RI / Zip: 02904
Secretary Name: JOHN OJIH	Treasurer Name: MICHAEL A ALLI
Street Address: 123 Orlando Dr, N. 02904	Street Address: 103 Pearl ST
City: NORTH PROVIDENCE / State: RI / Zip: 02904	City: PROVIDENCE / State: RI / Zip: 02904

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.

Check the box to indicate an attachment ☐

Director Name: RICHARD LAWANI	Director Name: VICTOR OFOKANSI
Street Address: 54 PINE HILL RD	Street Address: 23 HOLDEN ST.
City: JOHNSTON / State: RI / Zip: 02919	City: WARWICK / State: RI / Zip: 02889
Director Name: AKIN AKANJI	Director Name: ISIAKA O. OLUGBODE
Street Address: 19 JASON DRIVE	Street Address: 42 LEO AVE
City: LINCOLN / State: RI / Zip: 02865	City: PROVIDENCE / State: RI / Zip: 02904

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: Richard LAWANI | Date: 9/26/2024

Signature of Officer/Authorized Representative: Rich R

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
SEP 26 2024
FORM 631 - Revised: 04/2023
BY HBW
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