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

**Annual Report for the year:** 2025
**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 | 2. Exact name of the Corporation |
|---|---|
| 001747584 | Stephen Akinbo Foundation |
| 3. State of Incorporation: RI | 5. Brief description of the character of business conducted in Rhode Island: We are a non-profit with the mission to feed, clothe, educate, support, treat and invest in the less privileged. |
| 4. NAICS Code: 813219 | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 127 burnett st. | Providence | RI | 02907 |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: Dr. Stephen Akinbo | | | Vice-President Name: NONE | | |
| Street Address: 127 burnett st | | | Street Address: NONE | | |
| City: Providence | State: RI | Zip: 02907 | City: NONE | State: NONE | Zip: NONE |
| Secretary Name: NONE | | | Treasurer Name: Esther Onaolapo | | |
| Street Address: NONE | | | Street Address: 56 Whittier ave. | | |
| City: NONE | State: NONE | Zip: NONE | City: Providence | State: RI | Zip: 02909 |

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: Dr. Stephen Akinbo | | | Director Name: Ayobami Adesola | | |
| Street Address: 127 burnett st | | | Street Address: 94 bogman st | | |
| City: Providence | State: RI | Zip: 02907 | City: Providence | State: RI | Zip: 02905 |
| Director Name: Esther Onaolapo | | | Director Name: | | |
| Street Address: 56 Whittier ave | | | Street Address: | | |
| City: Providence | State: RI | Zip: 02909 | 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 | Date |
|---|---|
| **Dr. Stephen Akinbo** | **01/01/2025** |

Signature of Officer/Authorized Representative

FILED

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

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