



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

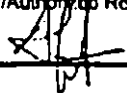
Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D R:005 BSD
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1. Entity ID Number 001747584		2. Exact name of the Corporation 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 127 burnett st.		City Providence	State RI	Zip 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 Dr. Stephen Akinbo				Date 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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