



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.

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25 JAN 31 AM 9:36:08
STATE

1. Entity ID Number 000115768		2. Exact name of the Corporation EKO CLUB OF R.I.	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE HUMAN SERVICES, REDEVELOP COMMUNITIES AND CHANGE THE QUALITY OF LIFE FOR OUR MEMBERS AND THE COMMUNITY AT LARGE.	
4. NAICS Code 813219			
6. Principal Office Address 128 FRANCIS AVENUE		City PAWUCKET	State R.I.
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name KAMALDEEN-LAMBO		Vice-President Name YINKA NORMAL WILLIAMS	
Street Address 1377 CHALKSTONE AVENUE		Street Address 41 RUSHMORE AVENUE	
City PROVIDENCE	State R.I.	City PROVIDENCE	State R.I.
Zip 02909		Zip 02908	
Secretary Name MUYIWA OYEDELE		Treasurer Name KAZEEM ADEDIRAN	
Street Address 132 METCALF STREET		Street Address 44 RANDAL STREET	
City PROVIDENCE	State R.I.	City PAWUCKET	State R.I.
Zip 02904		Zip 02860	
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 RICHARDSON OGIDAN		Director Name OLAJIDE DANMOLA	
Street Address 127 WARRINGTON AVENUE		Street Address 23 MYRTLE STREET	
City PROVIDENCE	State R.I.	City PAWUCKET	State R.I.
Zip 02907		Zip 02860	
Director Name SAMUEL OYETAYO		Director Name SEGUN DARAMOLA	
Street Address 85 YORKSHIRE STREET		Street Address 128 FRANCIS STREET	
City PROVIDENCE	State R.I.	City PAWUCKET	State R.I.
Zip 02904		Zip 02860	
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.			
<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 KAMALDEEN LAMBO		FILED	Date 1/31/25
Signature of Officer/Authorized Representative 		JAN 31 2025 BY AVSA2	

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