



State of Rhode Island  
Department of State - Business Services Division

RECD: 01/30/25  
25 JAN 31 AM 9:36:08  
STATE

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 <b>000115768</b>		2. Exact name of the Corporation <b>EKD CLUB OF R.I.</b>	
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO PROVIDE HUMAN SERVICES, REDEVELOP COMMUNITIES AND CHANGE THE QUALITY OF LIFE FOR OUR MEMBERS AND THE COMMUNITY AT LARGE.</b>	
4. NAICS Code <b>813219</b>			
6. Principal Office Address <b>128 FRANCIS AVENUE</b>		City <b>PAWUCKET</b>	State <b>R.I.</b>
		Zip <b>02860</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>KAMALDEEN-LAMBO</b>		Vice-President Name <b>YINKA NORMAL WILLIAMS</b>	
Street Address <b>1377 CHALKSTONE AVENUE</b>		Street Address <b>41 RUSHMORE AVENUE</b>	
City <b>PROVIDENCE</b>	State <b>R.I.</b>	City <b>PROVIDENCE</b>	State <b>R.I.</b>
Zip <b>02909</b>		Zip <b>02908</b>	
Secretary Name <b>MUYIWA OYEDELE</b>		Treasurer Name <b>KAZEEM ADEDIRAN</b>	
Street Address <b>132 METCALF STREET</b>		Street Address <b>44 RANDAL STREET</b>	
City <b>PROVIDENCE</b>	State <b>R.I.</b>	City <b>PAWUCKET</b>	State <b>R.I.</b>
Zip <b>02904</b>		Zip <b>02860</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>RICHARDSON OGIDAN</b>		Director Name <b>OLAJIDE DANMOLA</b>	
Street Address <b>127 WARRINGTON AVENUE</b>		Street Address <b>23 MYRTLE STREET</b>	
City <b>PROVIDENCE</b>	State <b>R.I.</b>	City <b>PAWUCKET</b>	State <b>R.I.</b>
Zip <b>02907</b>		Zip <b>02860</b>	
Director Name <b>SAMUEL OYETAYO</b>		Director Name <b>SEGUN DARAMOLA</b>	
Street Address <b>85 YORKSHIRE STREET</b>		Street Address <b>128 FRANCIS STREET</b>	
City <b>PROVIDENCE</b>	State <b>R.I.</b>	City <b>PAWUCKET</b>	State <b>R.I.</b>
Zip <b>02904</b>		Zip <b>02860</b>	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <b>KAMALDEEN LAMBO</b>		FILED	Date <b>1/31/25</b>
Signature of Officer/Authorized Representative 		JAN 31 2025 BY <b>AVSA2</b>	

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)