

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	2025
Non-Profit Corporation -	•

3. State of Incorporation  S. Brief description of the character of business conducted in Rhode Island  R. J. TO PROVIDE HUMAN SERVICES, REDEVELOR  4. NAICS Code  8. 13. CI PROVIDE HUMAN SERVICES, REDEVELOR  6. Principal Office Address  1. State of Incorporation  6. Principal Office Address  1. State City PAWTUCKET  City PROVIDENCE  State R. J. Zip 02904  City PROVIDENCE  State R. J. Zip 02904  City PROVIDENCE  State R. J. Zip 02904  Treasurer Name  MATILIA STREET  City PROVIDENCE  State R. J. Zip 02904  City PROVIDENCE	→ Filing Fee: \$20.00						č	S	
3. State of Incorporation  R. I.  10 PROVIDE HUMAN SERVICES, REDEVELOR  11 NAICS Code  813219  12 PROVIDE HUMAN SERVICES, REDEVELOR  13 STATE OF THE PROUK MEMBERS AND THE COMMUNITY AT LARGE  12 PROVIDE HUMAN THE SAND THE COMMUNITY AT LARGE  12 PRANCIS AVENUE  12 PRANCIS AVENUE  13 FRANCIS AVENUE  14 NAICS Gode  15 THE PROUK MEMBERS AND THE COMMUNITY AT LARGE  17 LISTALL Officers (names and addresses)  16 President Name  17 LISTALL Officers (names and addresses)  18 PRANCIS AVENUE  19 PROVIDENCE STATE TO THE	→ Penalty: Additional \$25.00 fee if	form is not filed by May 31.						ก็	
3. State of Incorporation  R. J.  In Provide Human Services, Redevelor  Rider The Grantity of Human Services, Redevelor  Rider Address  Rider Rider State  Rider Rider Address  Rider Rider Rider  Rider Rider Rider  Rider Rider Rider  Rider  Rider Rider  Ride	1. Entity ID Number	2. Exact name of the Co	rporation	_	_	<del>-</del>			
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4 NAICS Code  813219  LOMMAN ITES AND CHANGE THE GNALITY OF LIFE FOR OUR MEMBERS AND THE COMMUNITY AT LARGE 6. Principal Office Address  12 8 FRANCIS AVENUE 7 LISTALL Officers (names and addresses)  Check the box to indicate an attachment of the box to indicate and attachment of the box to indicate an attachment of the box to indicate and att	State of Incorporation	5. Brief description of the	e character	of busir	ness conducted	in Rhode Isla	and	-	
4 NAICS CODE  813219  COMMUNITES AND CHANGE THE QUALITY OF  813219  FINITED AND CHANGE THE QUALITY OF  128 FRANCIS AVENUE  CITY PAWTUCKET  CITY PAWTUCKET  CHOCK THE BOX to indicate an attachment  CITY PROVIDENCE  State  CITY PROVIDENCE  State  R. I  CITY  COPPORTION  CONTRIBU	R·I·	TO PROVID	E HI	um	AN SER	VICES	REDEV	/ELOA	
Charles   Char	4. NAICS Code								
President Name KAMALDEN - LAMBO  Vice-President Name YINKA NORMAL MILLIAM Street Address 377 CHALKS TONE AVENUE  City PROVIDENCE State R. I Zip 82904 City PROVIDENCE State R. I Zip 02908  Secretary Name MUNI WA DYEDELE State R. I Zip 02908  Street Address (32 METCALF STREET Street Address 44 RANDAL STREET City PROVIDENCE State R. I Zip 02904 City PROVIDENCE State R. I Zip 02908  8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors  Check the box to indicate an attachment Director Name RICHARDSON CAIDAN Director Name (LAJIDE DANMOLA).  Street Address 127 WARRING TON AVENUE Street Address 23 MRTLE STREET.  City PROVIDENCE State R. I Zip 02907 City PAWTUCKET State R. I Zip 0280  Director Name SAMUEL ONETAYO Director Name SEGUN DARA MOLA  Street Address 8 YORKSHIRE STREET Street Address R. SFRANCIS STREET.  City ROVIDENCE State R. I Zip 02907 City PAWTUCKET State R. I Zip 0280  Director Name SAMUEL ONETAYO Director Name SEGUN DARA MOLA  Street Address R. STREET Street Address R. SFRANCIS STREET.  City ROVIDENCE State R. I Zip 02904 City PAWTUCKET State R. I Zip 0280  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. Treasurer duly Authorized Representative Receiver or Trustee.  Name of Officer/Authorized Representative FILED  Date MAPL DEEN LAMBD  DATE STREET S	813219	WEE FOR OU	TMEM	AZ-RS	AND TH	E COMI	MUNITYAT		
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Street Address  377 CHALKS JONE AVENUE  City PROVIDENCE  State R. I Zip 82904  City PROVIDENCE  State R. I Zip 02908  Secretary Name  MUNI WA SYEDELE  Street Address  32 METCALF STREET  City PROVIDENCE  State R. I Zip 82904  Street Address  Check the box to indicate an attachment  Director Name  Check the box to indicate an attachment  Director Name  Check the box to indicate an attachment  Director Name  Check the box to indicate an attachment  Director Name  Check the box to indicate an attachment  Director Name  Check the box to indicate an attachment  Director Name  Check the box to indicate an attachment  Director Name  Check the box to indicate an attachment  Check the box to indicate an attach	7. List ALL officers (names and add	resses)				Check the	box to indicate an a	tachment 🗌	
Street Address  A RUSHMORE AVENUE  City PROVIDENCE State R.I Zip 82909  City PROVIDENCE State R.I Zip 82909  Treasurer Name MUNI WA OYEDELE  Treasurer Name KAZEEM ADEDIRAN  Street Address  32 METCALF STREET  City PROVIDENCE State R.I Zip 82904  City PAWTUCKET State R.I Zip 82804  8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment Director Name  CHARDSON OGIDAN Director Name  LCHARDSON OGIDAN Director Name  LCHARDSON OGIDAN Street Address 23 MIRTLE STREET  City PROVIDENCE State R.I Zip 82907  City PROVIDENCE State R.I Zip 82907  City PROVIDENCE State R.I Zip 8280  Director Name SEGUN DARAMOLA  Street Address  STREET  City PROVIDENCE State R.I Zip 82907  City PROVIDENCE State R.I Zip 8280  Director Name SEGUN DARAMOLA  Street Address  STREET  City PROVIDENCE State R.I Zip 82907  City PROVIDENCE State R.I Zip 8280  Director Name SEGUN DARAMOLA  Street Address  STREET  City PROVIDENCE State R.I Zip 82907  City PROVIDENCE State R.I Zip 8280  Director Name SEGUN DARAMOLA  Street Address  TORKSHIRE STREET  City PROVIDENCE State R.I Zip 82907  City PROVIDENCE Sta	President Name KAMALDE	EN-LAMBO	<b>)</b>	Vice-Pr	esident Name	INKA	NTRMAL	WILLIAM	
City PROVIDENCE State R.I. Zip 82904 City PROVIDENCE State R.I. Zip 02908  Secretary Name MUNI WA SYEDELE Treasurer Name KAZEEM ADEDIRAN  Street Address (32 METCALF STREET State R.I. Zip 02904 City PAWTUCKET State R.I. Zip 02864  8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment Director Name RICHARDSDN OGIDAN Director Name OLAJIDE DANMOLA.  Street Address 127 MARRING TON AVENUE State R.I. Zip 02907 City PROVIDENCE State R.I. Zip 02908 Director Name SEGUN DARAMOLA  Street Address R.S. FRANCIS STREET City RDV. DENCE State R.I. Zip 02904 City PROVIDENCE State R.I. Zip 02904 City PROVIDE	Street Address	- 4	,	Street A	Address A 8				
Secretary Name  MUNI WA OYEDELE  Treasurer Name  KAZEFM ADEDIRAN  Street Address  (32 METCALF STREET  City PROVIDENCE  State R. I ZIP D2904 City PAWTUCKET State R. I ZIP D2868  8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors  Check the box to indicate an attachment Director Name  RICHARDSDN OGIDAN  Director Name  RICHARDSDN OGIDAN  Street Address  127 MARRINGION AVENUE  Street Address  23 MRYTLE STREET  City PROVIDENCE  State R. I ZIP D2907 City PANTUCKET  State R. I ZIP D2907 City PANTUCKET  State R. I ZIP D2860  Director Name  SAMUEL ONETA YO  Director Name  SEGUN DARAMOLA  Street Address  TORKSHIRE  STREET  City RDVIDENCE  State R. I ZIP D2904 City PANTUCKET  State R. I ZIP D2904  9 The Registered Agent information of record with the RI Department of State is accurate. Changes require fiting 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 eitner the President Vice-President Secretary. Assistant Secretary. Treasurer, duly Authorized Representative  KAMALDEEN  LAMBD  TORSON  T	City 1	منحا سن منمنعا		_	7		_		
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Street Address 127 WARRING ION AVENUE Street Address 23 MRTLE STREET  City PROVIDENCE State R.I ZIPO2907 City ANTUCKET, State R.I ZIPO280  Director Name SAMUEL DYETAYO  Director Name SEGUN DARAMOLA  Street Address S YORKSHIRE STREET Street Address R8 FRANCIS STREET  City RDV, DENCE State R.I ZIPO2904 City RAWTUCKET State R.I ZIPO280  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.  KAMALDEEN LAMBO  Signature of Officer/Authorized Representative  JAN 31 2075  Signature of Officer/Authorized Representative  JAN 31 2075	8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.								
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KAMALDEEN LAMBO  Signature of Officer Authorized Representative  JAN 3 1 2025  JAN 3 1 2025  JAN 3 1 2025	This report must be signed by either the Presi	ident. Vice-President. Secretary.	Assistant Seci	retary, Tre	asurer, duly Authoriz	ed Representati	ve, Receiver or Trustee		
Signature of Officer Authorized Representative  JAN 3 1 2025  WSP 2	Name of Officer/Authorized Repres	<i>'</i>		FI	LED			125	
famalled h WSA2	Signature of Officer Authorized Rep			IAN	3 1 2025		1/31		
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148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov