



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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.

RECD 2025 05 05 11:43:43
STATE
SECRETARY
USE

1. Entity ID Number <u>001678460</u>		2. Exact name of the Corporation <u>JaamPeK Inc</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Charitable purposes specifically to promote sustainable community development that fosters experiential learning, philanthropy, and social justice by engaging individuals and organizations in the pursuit of peace.</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>374 Eaton Street</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>David O'Connor</u>			Vice-President Name <u>Maodo Lo</u>		
Street Address <u>374 Eaton St</u>			Street Address <u>33 Heaton St</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
Secretary Name <u>Taffer Leven</u>			Treasurer Name		
Street Address <u>41 Gales Ct</u>			Street Address		
City <u>Seekonk</u>	State <u>MA</u>	Zip <u>02771</u>	City	State	Zip
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 <u>David O'Connor</u>			Director Name <u>Maodo Lo</u>		
Street Address <u>374 Eaton St</u>			Street Address <u>33 Heaton St</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
Director Name <u>Taffer Leven</u>			Director Name		
Street Address <u>41 Gales Ct</u>			Street Address		
City <u>Seekonk</u>	State <u>MA</u>	Zip <u>02771</u>	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.					
<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 <u>David O'Connor</u>					Date <u>1/31/25</u>
Signature of Officer/Authorized Representative 					

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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JAN 31 2025

BY B3NQA