



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001762523

2. Name of Corporation ENABLE FORGOTTEN CHILDREN

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

624190

4. Principal Office Address

No. and Street: 23 ANSON DR

City or Town: RIVERSIDE State: RI Zip: 02915 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THE PURPOSE OF ENABLE FORGOTTEN CHILDREN (EFC) IS TO IMPROVE THE QUALITY OF LIFE FOR CHILDREN LIVING IN KENYA WITH SEVERE AND/OR MULTIPLE DISABILITIES.

OUR OUTREACH IS TO PROVIDE THERAPEUTIC MEDICAL CARE, STIMULATION AND SUPPORT TO FURTHER CHILD DEVELOPMENT AND EDUCATION THAT FOSTERS ACCEPTANCE AND

INCLUSION, REMOVING THE STIGMA OF DISABILITY. OUR VISION IS A SOCIETY WHERE ALL CHILDREN WITH DISABILITIES ARE ACCEPTED, INTEGRATED AND EMPOWERED TO REACH THEIR FULL POTENTIAL.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JANET KAGO MUCHIRI	23 ANSON DR RIVERSIDE, RI 02915 USA
VICE PRESIDENT	JERRY SAUDER	2897 ASHCREEK AVE COLUMBUS, OH 43219 USA
TREASURER	DAVID E OBERG	91 MAIN STREET WARREN, RI 02885 USA
SECRETARY	CAMILA S DIMARCO	26 BAGY WRINKLE COVE WARREN, RI 02885 USA
DIRECTOR	DAVID E OBERG	91 MAIN STREET WARREN, RI 02885 USA
DIRECTOR	CAMILA S DIMARCO	26 BAGY WRINKLE COVE WARREN, RI 02885 USA
DIRECTOR	JANET KAGO MUCHIRI	23 ANSON DR RIVERSIDE, RI 02915 USA
DIRECTOR	GRACE MACHARIA	PO BOX 1248 THIKA CODE 01000, KEN
DIRECTOR	JERRY SAUDER	2897 ASHCREEK AVE COLUMBUS, OH 43219 USA
DIRECTOR	DANIEL MUHIA	20-01001 KALIMONI, KEN
DIRECTOR	NAOMY NDUNGU	192 CHESAPEAKE CIRCLE SPRINGFIELD, OH 45505 USA
DIRECTOR	MERCY GACHIGI KAGO	PO BOX 47382-00200 NAIROBI, KEN

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JANET KAGO MUCHIRI 23 ANSON DR RIVERSIDE , RI 02915

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 11 Day of February, 2025 at 3:34:54 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the

affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By DAVID E OBERG
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2025 State of Rhode Island
All Rights Reserved