



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.

REC'D RI SOS BSD  
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1. Entity ID Number <b>001711658</b>		2. Exact name of the Corporation <b>ZOGBAEY ACADEMIC &amp; TRAINING INSTITUE</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO PERFORM CHARITABLE ACTIVITIES. OUR MISSION IS TO PROVIDE A SHELTER FOR CHILDREN TO ADOLESCENTS COMING FROM UNDERPRIVILEGED AND ABUSED FAMILIES</b>			
4. NAICS Code <b>813319</b>					
6. Principal Office Address <b>65 NEWARK STREET, NO. 12</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</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>VIVIAN M ZOGBAEY</b>			Vice-President Name <b>RUFUS KWENAH</b>		
Street Address <b>65 NEWARK STREET, #12</b>			Street Address <b>5525 VISTA DRIVE, APT. 220</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>WEST DES MOINES</b>	State <b>IA</b>	Zip <b>50266</b>
Secretary Name <b>ANTOINE GRANT</b>			Treasurer Name <b>BEATRICE R. WHITE</b>		
Street Address <b>78 HAROLD STREET</b>			Street Address <b>106 WOODBINE STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</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>VIVIAN M ZOGBAEY</b>			Director Name <b>RUFUS KWENAH</b>		
Street Address <b>65 NEWARK STREET, #12</b>			Street Address <b>5525 VISTA DRIVE, APT. 220</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>WEST DES MOINES</b>	State <b>IA</b>	Zip <b>50266</b>
Director Name <b>BEATRICE R. WHITE</b>			Director Name		
Street Address <b>106 WOODBINE STREET</b>			Street Address		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City	State	Zip
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>					
<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 <b>VIVIAN M ZOGBAEY</b>				Date <b>02/25/2025</b>	
Signature of Officer/Authorized Representative <i>V.M. Zogbaey</i>				<b>MAR 06 2025</b> BY <i>mym st</i>	

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov