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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.

1. Entity ID Number	2. Exact name of the Corporation
001754297	New Progressive of RI
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: - Social engagement - get-together - Helping Others in need in the Community - Progress of members
4. NAICS Code: 813390	

6. Principal Office Address	City	State	Zip
986 Knotty Oak Road	Coventry	RI	02816

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Onifade Akeem Alao	Aremu Feyitimi Oluwaremi
Street Address: 25 Beechwood Avenue	Street Address: 17 Lincoln Avenue
City: Pawtucket, State: RI, Zip: 02860	City: Millbury, State: MA, Zip: 01527
Secretary Name	**Treasurer Name**
Omoseni Benjamin Olushola	Ibrahim Raji
Street Address: 17 Mansfield Street	Street Address: 986 Knotty Oak Road
City: Providence, State: RI, Zip: 02908	City: Coventry, State: RI, Zip: 02816

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Alao Akeem Onifade	Ibrahim Deleola Raji
Street Address: 25 Beechwood Avenue	Street Address: 986 Knotty Oak Road
City: Pawtucket, State: RI, Zip: 02860	City: Coventry, State: RI, Zip: 02816
Director Name: Omoseni Benjamin Olushola	Director Name
Street Address: 17 Mansfield Street	Street Address
City: Providence, State: RI, Zip: 02908	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.

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

Name of Officer/Authorized Representative	Date
Ibrahim Deleola Raji	3/7/25

Signature of Officer/Authorized Representative: [signature]

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MAR 07 2025
BY ATB CB

KJ

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised 12/2023