



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.

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FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001750822		2. Exact name of the Corporation RI ALLIED HEALTH & SAFETY INSTITUTE			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island OFFERING NURSING AND ALLIED HEALTH TRAINING & HEALTH EDUCATION CERTIFICATIONS			
4. NAICS Code 611519					
6. Principal Office Address 8 SUMMER COURT			City SMITHFIELD	State RI	Zip 02917
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ADA EZEAMA			Vice-President Name		
Street Address 8 SUMMER COURT			Street Address		
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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 MARTIN EZEAMA			Director Name MORRIS AKINFOLARIN		
Street Address 8 SUMMER COURT			Street Address 270 PRAIRE AVENUE,		
City SMITHFIELD	State RI	Zip 02917	City PROVIDENCE	State RI	Zip 02905
Director Name CHIOMA MWANKWO			Director Name		
Street Address 16 COLONIAL DRIVE			Street Address		
City LINCOLN	State RI	Zip 02865	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.					
<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 ADA EZEAMA				Date 04/12/2025	
Signature of Officer/Authorized Representative <i>Ada Ezeama</i>					

FILED

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

APR 14 2025
BY *CD90B*
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