



State of Rhode Island  
Department of State - Business Services Division

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STATE

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 001769437		2. Exact name of the Corporation AMERICAN ASSOCIATION OF HEALTHCARE ASSISTANTS &			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island AAHAP IS A PROFESSIONAL ASSOCIATION OF AND FOR THE UNSUNG HEROES OF HEALTHCARE, THE HEALTHCARE ASSISTANTS AND PARAPROFESSIONALS: CERTIFIED			
4. NAICS Code 813990					
6. Principal Office Address 8 SUMMER COURT		City SMITHFIELD		State RI	Zip 02917
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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 AMARA ODUNZE			Director Name NDIDI EZEAMA		
Street Address 1370 SMITH STREET			Street Address 8 SUMMER COURT		
City NORTH PROVIDENC	State RI	Zip 02911	City SMITHFIELD	State RI	Zip 02917
Director Name ADA EZEAMA			Director Name		
Street Address 8 SUMMER COURT			Street Address		
City SMITHFIELD	State RI	Zip 02917	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>					
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 ADA EZEAMA				Date 04/12/2025	
Signature of Officer/Authorized Representative <i>Ada Ezeama</i>					

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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