



**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. 001759983

2. Name of Corporation Amina Prince's Place

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

624229

4. Principal Office Address

No. and Street: 1884 SMITH ST

City or Town: NORTH PROVIDENCE

State: RI

Zip: 02911

Country: USA

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

OUR ORGANIZATION AIMS TO PROVIDE HOUSING AND COMPREHENSIVE
SUPPORT SERVICES
FOR INDIVIDUALS WHO ARE AT RISK AND REFUGEES WHO HAVE RECENTLY
RESETTLED IN OUR
COMMUNITY. WE UNDERSTAND THAT THE INITIAL PERIOD OF RESETTLEMENT
CAN BE
CHALLENGING, AND OUR GOAL IS TO CREATE A SAFE AND NURTURING
ENVIRONMENT WHERE

REFUGEES CAN REBUILD THEIR LIVES. IN ADDITION TO HOUSING, WE WILL OFFER A RANGE OF SUPPORT SERVICES, INCLUDING HOUSEKEEPING, MEDICAL APPOINTMENT TRANSPORTATION, GROCERIES SHOPPING, AND MONEY MANAGEMENT ASSISTANCE AS NEEDED . BY ADDRESSING OUR CLIENTS' PRACTICAL AND EMOTIONAL NEEDS, WE AIM TO EMPOWER THEM TO BECOME SELF-SUFFICIENT AND INTEGRATED MEMBERS OF OUR SOCIETY.

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
INCORPORATOR	AMINA VICTORIA UYISABYE	31 DONELSON ST PROVIDENCE , RI 02908 USA
DIRECTOR	AMINA VICTORIA UYISABYE	31 DONELSON ST PROVIDENCE , RI 02908 USA
DIRECTOR	HASSAN NIYONKURU	31 DONELSON ST PROVIDENCE , RI 02908 USA
DIRECTOR	WALE T ADEWAMIKA	14 CRESCENDO DR WARWICK , RI 02889 USA

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

AMINA VICTORIA UYISABYE 31 DONELSON ST PROVIDENCE , RI 02908

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

Signed this 17 Day of April, 2025 at 8:01:39 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 AMINA V. UYISABYE
Signature of Authorized Person

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