



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 RIDGS BSD
25 APR 23 PM 2:32:18

1. Entity ID Number 000675526		2. Exact name of the Corporation Redeemed Day and Evening After School Program	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island After school Program for Secondary School Students	
4. NAICS Code 813319			
6. Principal Office Address 213 Laurel Hill Ave		City Providence	State RI Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Moses Oje		Vice-President Name Yinka folami	
Street Address 95 Kimball street		Street Address 213 Laurel Hill Ave	
City Providence	State RI Zip 02908	City Providence	State RI Zip 02909
Secretary Name Omodele Oyedepo		Treasurer Name	
Street Address 17 Harris Ave		Street Address	
City Lincoln	State RI Zip 02865	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 Eze Aso		Director Name Omodele Oyedepo	
Street Address 213 Laurel Hill Ave		Street Address 17 Harris Ave	
City Providence	State RI Zip 02909	City Lincoln	State RI Zip 02865
Director Name Yinka folami		Director Name	
Street Address 213 Laurel Hill Ave		Street Address	
City Providence	State RI Zip 02909	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 Pastor Moses Oje			Date 04/23/25
Signature of Officer/Authorized Representative <i>[Signature]</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

FILED
APR 23 2025
BY **1354**
ex