

REC'D RIDOS BSD
25 APR 23 PM 4:26:44



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
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 1687579		2. Exact name of the Corporation Family Empowerment and Youth Re ORIENTATION PATH Initiative (FE-REP)	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To empower Families of the people of Akwa Ibom State locally in Diaspora and at Home State of Nigeria and restore value in their Youth A platform to promote global effort to advance SDG using CPA.	
4. NAICS Code 813990			
6. Principal Office Address 60 Thurber Blvd		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 Martha Udom		Vice-President Name Stap Okokon	
Street Address 3939 Manor House Dr.		Street Address 60 Thurber Blvd	
City Charlotte	State NC	Zip 28270	City Smithfield
			State RI
			Zip 02917
Secretary Name Howard Okokon		Treasurer Name	
Street Address 45 Malvern St.		Street Address	
City Providence	State RI	Zip 02904	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 Martha Udom		Director Name Howard Okokon	
Street Address 3939 Manor House Dr.		Street Address 45 Malvern St.	
City Charlotte	State NC	Zip 28270	City Prov
			State RI
			Zip 02904
Director Name Stap Okokon		Director Name	
Street Address 60 Thurber Blvd		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.			
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative			Date
Signature of Officer/Authorized Representative Stap Okokon			

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

FORM 631- Revised: 12/2023

BY **Z7 PFN**
er

4:28