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## 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**: <u>2025</u>

- 1. Corporate ID No. 001776527
- 2. Name of Corporation MFM Women Foundation New England Area 8
- 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 <u>click here.</u>

NAICS Code

813110

## 4. Principal Office Address

No. and Street: 591 BEVERAGE HILL AVENUE

2R

City or Town: PAWTUCKET State: RI Zip: 02861 Country: USA

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

TO CATER FOR THE AFFAIRS OF WOMEN IN ALL RAMIFICATIONS, AND TO SUPERVISE,

<u>DIRECT AND REGULATE ALL ACTIVITIES RELATING TO WOMEN IN MFM NEW</u> ENGLAND

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	ADEYINKA AREAGO	461 PINE STREET PROVIDENCE, RI 02907 USA
DIRECTOR	ADEYINKA AREAGO	461 PINE STREET PROVIDENCE, RI 02907 USA
DIRECTOR	TIAWO OLABISIS ADEJUMOBI	140 WENDELL AVENUE PROVIDENCE, RI 02909 USA
DIRECTOR	VICTORIA DADA	29 GREENWOOD AVENUE LYNN, MA 01905 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

ADEYINKA AREAGO 591 BEVERAGE HILL AVENUE 2R PAWTUCKET, RI 02861

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

**Signed this 28 Day of April, 2025 at 10:07:33 AM 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 ADEYINKA AREAGO

Signature of Authorized Person

Form No. 631 Revised 09/07

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