



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
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 RIDOS BSD
25 JUN 4 AM 10:19:15

1. Entity ID Number 001726054		2. Exact name of the Corporation Fatu Tondo Foundation	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Helping those in need with essential needs humanity demands in Rhode Island and rural area of Liberia	
4. NAICS Code 624210			
6. Principal Office Address 742 Putters Avenue		City Providence	State RI Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Fayah Dentor		Vice-President Name Merna Porter	
Street Address 108 Burnett St.		Street Address 108 Burnett St.	
City Providence	State RI	City Providence	State RI Zip 02907
Secretary Name Comfort Dentor		Treasurer Name Comfort Dentor	
Street Address 108 Burnett St.		Street Address 108 Burnett St.	
City Providence	State RI	City Providence	State RI Zip 02907
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Alex Fayjah Quermorllue		Director Name Fayah Dentor	
Street Address 108 Burnett St.		Street Address 108 Burnett St.	
City Providence	State RI	City Providence	State RI Zip 02907
Director Name Kwame Oldman Weeks		Director Name Comfort Dentor	
Street Address 108 Burnett St.		Street Address 108 Burnett St.	
City Providence	State RI	City Providence	State RI Zip 02907
B. 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.			
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 Fayah Dentor			Date 6/4/2025
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

JUN 04 2025

BY WAY/EA

FORM 631 - Revised 4/2023