REC'D RIDOS BSD
'25 JUN 4 AM 10:19:16

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.

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 Potters 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	Zip: 02907		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	Zip: 02907		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	Zip: 02907		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	Zip: 02907		City: Providence	State: RI	Zip: 02907	

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.

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

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 MAYEA

10.19 rom

FORM 630 - Revised 04/2023