RI SOS Filing Number: 202576470070 Date: 6/30/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
JUN 30 2025
BY N1C42

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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: 1729900	2. Exact name of the Corporation: Dr. Omar Bah Development Initiative
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Direct services for underserved people in areas of education, health, food and social support.
4. NAICS Code: 624190	

6. Principal Office Address: 166 Valley St, Building 6M Suite 103 | City: Providence | State: RI | Zip: 02909

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Omar Bah			Vice-President Name:		
Street Address: 63 Castle Rocks Rd			Street Address:		
City: Warwick	State: RI	Zip: 02886	City:	State:	Zip:
Secretary Name: Teddi Jallow			Treasurer Name: Bernard Georges		
Street Address: 63 Castle Rocks Rd			Street Address: 920 Atwells Ave		
City: Warwick	State: RI	Zip: 02886	City: Providence	State: RI	Zip: 02909

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Mor Diop			Director Name: Bernard Georges		
Street Address: 159 Russo St.			Street Address: 920 Atwells Ave		
City: Providence	State: RI	Zip: 02904	City: Providence	State: RI	Zip: 02909
Director Name: Teddi Jallow			Director Name:		
Street Address: 63 Castle Rocks Rd			Street Address:		
City: Warwick	State: RI	Zip: 02886	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.

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: Omar Bah | Date: 06/30/2025

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

FORM 631- Revised. 12/2023