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

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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.

JUN 30 2025
BY N1C42

1. Entity ID Number	2. Exact name of the Corporation
1729900	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	City	State	Zip
166 Valley St, Building 6M Suite 103	Providence	RI	09709

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

President Name	Vice-President Name
Omar Bah	
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	Director Name
Mor Diop	Bernard Georges
Street Address: 159 Russo St.	Street Address: 920 Atwells Ave
City: Providence; State: RI; Zip: 02904	City: Provence; 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	Date
Omar Bah	06/30/2025

Signature of Officer/Authorized Representative: [signature]

MAIL TO:
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