



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2020

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.

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1. Entity ID Number <u>000092327</u>		2. Exact name of the Corporation <u>ITEBU DESCENDANTS ASSOCIATION OF RI, WA, IN</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>NON Profit organization for for NATIVES OF ITEBU SONS &amp; DAUGHTERS</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>70 CALLA ST</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>			
President Name <u>JOSIAH OLABOYE BADEJO</u>		Vice-President Name <u>CHRISTOPHER OSINAGA</u>	
Street Address <u>15 VAN-AUSDALL ST</u>		Street Address <u>32 STEUBEN ST</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
Secretary Name <u>INOWU Kuti</u>		Treasurer Name <u>ABIODUN HAGGAN</u>	
Street Address <u>70 CALLA ST</u>		Street Address <u>17 GARNER AVE</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>North Providence</u>	State <u>RI</u> Zip <u>02911</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>JOSIAH OLABOYE BADEJO</u>		Director Name <u>CHRISTOPHER OSINAGA</u>	
Street Address <u>15 VAN-AUSDALL ST</u>		Street Address <u>32 STEUBEN ST</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
Director Name <u>INOWU Kuti</u>		Director Name <u>ABIODUN HAGGAN</u>	
Street Address <u>70 CALLA ST</u>		Street Address <u>17 GARNER AVE</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>North Providence</u>	State <u>RI</u> Zip <u>02911</u>
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 <u>OLUROTIMI OLUGBOYE</u>		Date <u>8/25/2025</u>	
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

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FORM 631- Revised: 12/2023

BY EBP90

SECTION 7: ADDITIONAL OFFICERS

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
VICE President	BOLA AMOSIKA	252 Dugley st Providence RI 02907
Financial Secretary	TAYO OSINAJA	72 Samoset st Providence RI 02908
PRO	—	ALI ADELAJA — 28 Lee st Johnston RI 02919.
Social Secretary	—	LEKAN ABUGADE 4 Henrici st Mattapan, Boston MA 02126