



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2017
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
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1. Entity ID Number <u>000092327</u>		2. Exact name of the Corporation <u>ITEBU DESCENDANTS ASSOCIATION OF RI, INC.</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 & 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) Check the box to indicate an attachment <input checked="" type="checkbox"/>			
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>		Zip <u>02905</u>	
Secretary Name <u>INDWY Kuti</u>		Treasurer Name <u>ABIODUN HASSAN</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>02905</u>		Zip <u>02911</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
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>02909</u>		Zip <u>02909</u>	
Director Name <u>INDWY Kuti</u>		Director Name <u>ABIODUN HASSAN</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>02905</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 OLABOYE</u>		Signature <u>[Signature]</u>	Date <u>8/25/2025</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

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

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SECTION 7: ADDITIONAL OFFICERS

TITLE

NAME

ADDRESS

2ND 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	Lekana Abugade	4 Henrici st Mattapan, Boston MA 02126