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

REC'D RIDOS BSD '25 AUG 25 PM2:33:52

**Annual Report for the year:** 2014
**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 | 2. Exact name of the Corporation |
|---|---|
| 000092327 | IJEBU DESCENDANTS ASSOCIATION OF RI, MA, IN |
| 3. State of Incorporation: RI | 5. Brief description of the character of business conducted in Rhode Island: NON Profit Organization for for NATIVES OF IJEBU SONS & DAUGHTERS |
| 4. NAICS Code: 813319 | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 70 CALLA ST | Providence | RI | 02905 |

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

| President Name | Vice-President Name |
|---|---|
| JOSIAH OLABODE BADEJO | CHRISTOPHER OSINAGA |
| Street Address: 15 VAN-AMSDALL ST | Street Address: 32 STEUBEN ST |
| City: Providence State: RI Zip: 02909 | City: Providence State: RI Zip: 02909 |
| **Secretary Name** | **Treasurer Name** |
| NDWU KUTI | ABIODUN HASSAN |
| Street Address: 70 CALLA ST | Street Address: 17 GARNER AVE |
| City: Providence State: RI Zip: 02905 | City: North Providence State: RI Zip: 02911 |

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 |
|---|---|
| JOSIAH OLABODE BADEJO | CHRISTOPHER OSINAGA |
| Street Address: 15 VAN-AMSDALL ST | Street Address: 32 STEUBEN ST |
| City: Providence State: RI Zip: 02909 | City: Providence State: RI Zip: 02909 |
| Director Name: NDWU KUTI. | Director Name: ABIODUN HASSAN |
| Street Address: 70 CALLA ST | Street Address: 17 GARNER AVE |
| City: Providence State: RI Zip: 02905 | City: North Providence State: RI Zip: 02911 |

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 |
|---|---|
| OLUROTIMI OLUGBODE – Representative Agent | 8/25/2025 |

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 2:35P
AUG 25 2025
BY EGP90

FORM 631- Revised: 12/2023

SECTION 7: ADDITIONAL OFFICERS

| TITLE | NAME | ADDRESS |
|---|---|---|
| 2nd VICE President | Bola Amosika | 252 Dudley ST Providence RI 02907 |
| Financial Secretary | TAIWO OSINAIA | 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 |