

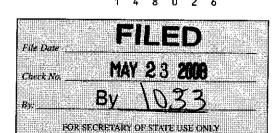
A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a tomative fee of \$25.00 to a penalty fee of \$25.00.

1. Corporate ID No.	2. Name of Co.	2. Name of Corporation				
148026	The Found					
3. State of Incorporation	4. Corporate a	4. Corporate address in Rhode Island - Street Address			Zip	
Rhode Island	27 Walnut	Road		Barrington	02806	
5. Foreign corporation. Enter principal office address			City	State	Zi0	
				Rhode Island	7.7	
6. Brief Description of the chara	icter of the affairs wh	ich are actually conducted in I	Rbode Island	- Titodo Totalia		
The Foundation for Wes	st Africa headqua	arters are in Rhode Islan	nd. Correspondence, fundrais	sing planning and outross	h oothiitiaa aya	
l conducted in Rhod Islan	nd.					
	ses of the of	FICERS: ("X" BOX FOR .	(TTACHMENT) 🗌 FILL IN SPA	CES BEFORE USING ATTA	CHMENTS	
President Name			Vice President Name			
Christopher S. Hamblett			M. Lamin Sarr			
Street Address	•		Street Address			
27 Walnut Road			39 Thomas Olney Commons			
City	State	Ζip	City	State	Zip	
Barrington	RI	02806	Providence	RI	02904	
Secretary Name			Treasurer Name			
M. Lamin Sarr			Barbara M. Badio			
Street Address			Street Address			
39 Thomas Olney Commons			15 Carr Street			
City	State	Zip	City	State	Zip	
Providence	RI	02904	Providence	RI	02905	
			<i>ATTAGHMENT</i>) ☐ FILL IN SPA			
THE NUMBER OF DIRE	CTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	<u>NOT BE LESS THAN THRI</u>	<u>E (3). R.I.G.L. 7-6-23</u>	
Director Name			Director Name			
Christopher S. Hamblett			M. Lamin Sarr			
Street Address			Street Address			
27 Walnut Road			39 Thomas Olney Commons			
City	State	Zip	City	State	Zip	
Barrington	RI	02806	Providence	RI	02904	
Director Name			Director Name	Director Name		
Barbara M. Badio			Martha Neuman			
Street Address			Street Address			
15 Carr Street			3527 NE 87th Street			
City	State	Zip	City	State	Zib	
Providence	RI	02905	Seattle	l _{WA}	08115	
9. REGISTERED AGENT I	IN RHODE ISLA	ND - DO NOT ALTER -	Changes require filing of Fo	rm 641 - R.L.G.L. 7-6-13 /	7-6-78	
Agent Name			Address		covervannskobblekeniksiissi	
CHRISTOPHER	S, HAMB	Lett	27 WALN	E ROAD		
Address			City	Zip		
			City BARRINGTO	ے ا ^{تیہ} ہے	2806	
This report my	ist be signed by a	either the President Vice	Precident Corretory Assistan	4 C TC D		



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.

Date

Christopher S. Hamblett

Print or Type Name of Officer

President Title of Officer