

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 101.222.3040 Filing Period: June 1 - June 30 • Filing Fee: \$20.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

ce, RI 02904-2615

* 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 penalty fee of \$25.00.		
1. Corporate ID No. 2. Name of Corporation Africa M.	New Jersey (N/) Gordan So	
3. State of hicorporation 4. Corporate address in Rhode Island - Street Address 10 Miller Aul, 81	e 13 Prider 02905	
5. Foreign corporation. Enter principal office address	City State Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island		
7. NAMES AND ADDRESSES OF THE OFFICERS ("X"BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS		
Nellie S. Francis	Thellya Francis	
Sirent Address Huenne, Sto 18	16 miller Aulane, ste 13	
Cuy Providence state R. I 2402905	Providence State R.I 2102905	
secretary Name Frysfal Sauce	Bendu Massaguei	
Street relatives Miller Ave, 8to 13	street delarges Willew Ane, Ste 1B	
Civ. Providere State RI 2102905	providure R.I 02905	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23		
Nellie, S. Francis	Theresa Francis	
Street Address 16 Willer Auemo Sto 1B	16 Willer Aue, Sto 1B	
Providere, R.I. 02905	Providence State R.I DZGOS	
Director Same Lal Samel	Benelu Massa Groj	
Street Address Willer Ave, Ste 1B	Street spares miller Aue, Sto, 113	
9. REGISTERED AGENT IN RHODE ISLAND	pardne RI 02905	
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78		

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
FILED	statements contained herein are true and conject.
File Date	400000000000000000000000000000000000000
Check NBV 045808 EI : 1 Hd 1870 6007	Signature of Officer. Date Nelve S. Frank's
AND SMOLLY BOU	Printer Type Name of Officer
FOR SECRETARY OF STATE USE ONLY 31VIS 40 A & VICTORIA &	Title of Officer Form 631 Rev. 09/17