State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000487498

2. Name of Corporation SICKLE CELL AWARENESS ASSOCIATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 593 EDDY STREET
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO CREATE AWARENESS OF THE NEGATIVE IMPACT OF SICKLE CELL DISEASE ON THE HEALTH, ECONOMIC SOCIAL AND EDUCATIONAL WELL BEING OF THE INDIVIDUAL AND HIS OR HER FAMILY AND RELATED ACTIVITIES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ALEX BABAJIDE AJAYI-BEMBE	185 KILLINGLY STREET PROVIDENCE, RI 02909 USA
SECRETARY	PHILOMENA ROBINSON-MORRIS	77 SHERWOOD STREET PROVIDENCW, RI 02908 USA
VICE PRESIDENT	FELICITY AMAOKO	402 WEBSTER STREET CRANSTON, RI 02907 USA
DIRECTOR	ANJULIKA CHAWLA	593 EDDY ST PROVIDENCE, RI 02903 USA
DIRECTOR	WILMOT MORRIS	77 SHERWOOD ST PROVIDENCE, RI 02908 USA
DIRECTOR	BINTU SALIHU	93 TRYON AVE. RUMFORD, RI 02916 USA
DIRECTOR	GRACE DAUDA	42 RUTHERGLEN AVE. PROVIDENCE, RI 02907 USA
DIRECTOR	SALIHU ABDUKADIRI	93 TRYON AVENUE RUMFORD, RI 02916 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

DR. ANJULIKA CHAWLA C/O HASBRO CHILDRENS HOSPITAL 593 EDDY STREET PROVIDENCE , RI 02903

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

Signed this 2 Day of December, 2009 at 8:55:23 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ALEX AJAYI-BEMBE
Signature of Officer of the Corporation

X President or __ Vice President or __ Secretary or __ Assistant Secretary or

__ Treasurer or __ Receiver or __ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07