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

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 2009

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 penalty fee of $25.00.*

1. Corporate ID No.: 304901	2. Name of Corporation: NEKA (NEW ENGLAND KURDISH ASSOCIATION		
3. State of Incorporation: RI	4. Corporate address in Rhode Island - Street Address: 350 PROSPECT STREET	City: PAWTUCKET	Zip: RI
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
TO PRESERVE, DEVELOP, CELEBRATE, AND ADVOCATE THE KURDISH CULTURE AND HERITAGE FOR KURDS IN NEW ENGLAND

7. NAMES [illegible]

President Name: UNAL SAMANCI			Vice President Name: NURETTIN CELIK		
Street Address: 149 W. ELM AVE			Street Address: 1 ROMA AVE		
City: WOLLASTON	State: MA	Zip: 02170	City: JOHNSTON	State: RI	Zip: 02919
Secretary Name: NURETTIN CELIK			Treasurer Name: MUSTAFA ARDA		
Street Address: 1 ROMA AVENUE			Street Address: 77 BAYSTATE RD		
City: JOHNSTON	State: RI	Zip: 02919	City: QUINCY	State: MA	Zip: 02171

8. NAMES AND ADDRESSES [illegible] FOR ATTACHMENTS [illegible]
THE NUMBER OF D[illegible] (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23.

Director Name: NURETTIN CELIK			Director Name: UNAL SAMANCI		
Street Address: 1 ROMA AVE			Street Address: 147 WEST ELM AVE		
City: JOHNSTON	State: RI	Zip: 02919	City: WOLLASTON	State: MA	Zip: 02170
Director Name: HASAN AKISIK			Director Name: MUSTAFA ARDA		
Street Address: 8 RESERVOIR AVE			Street Address: 77 BAYSTATE RD		
City: WATERTOWN	State: MA	Zip:	City: QUINCY	State: MA	Zip: 02171

9. REGISTERED AGENT [illegible]

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

[redacted] 304901

FILED
DEC 0 3 2009
By 105304

File Date
Check No.

[redacted]

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.

X [signature] 12-3-2009
Signature of Officer — Date

X Mustafa Arda
Print or Type Name of Officer

[redacted] X Treasure
Title of Officer

Form 631 Rev. 09/17

40811-1-428881