



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

A. Ralph MoBis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3010

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					
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
7. NAMES AND ADDRESSES OF DIRECTORS (SEE INSTRUCTIONS) ☐ PREPARE THIS REPORT IN GATTACHIO					
THE NUMBER OF DIRECTORS OF A NON-PROFIT 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. RECORDS OF RECORDS					
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

FILED

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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.

Signature of Officer

Date

Mustafa Arda

Print or Type Name of Officer

Treasurer

Title of Officer