



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 2010**

**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. <b>153016</b>		2. Name of Corporation <b>Liberian United Community Ass. of RI/US America For...</b>			
3. State of Incorporation <b>RI</b>		4. Corporate address in Rhode Island - Street Address <b>16 Miller Ave, Ste 1A</b>		City <b>Providence</b>	Zip <b>02905</b>
5. Foreign corporation. Enter principal office address				City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>To contribute to institutions, centers and welfare of less fortunate Liberians in collaboration with Govt. of Liberia and Americas Diaspora. Assist Liberian Business, education &amp; Research etc</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Nellie S. Francis</b>			Vice President Name <b>Krystal W. Savine</b>		
Street Address <b>16 Miller Ave, Ste 1A</b>			Street Address <b>16 Miller Ave, Ste 1A</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>
Secretary Name <b>Bendu Massaquoi</b>			Treasurer Name <b>Michael Falmulleh</b>		
Street Address <b>16 Miller Ave, Ste 1A</b>			Street Address <b>16 Miller Ave, Ste 1A</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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					
Director Name <b>Nellie S. Francis</b>			Director Name <b>Krystal W. Savine</b>		
Street Address <b>16 Miller Ave, Ste 1A</b>			Street Address <b>16 Miller Ave, Ste 1A</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>
Director Name <b>Theresa N. Francis</b>			Director Name		
Street Address <b>16 Miller Ave, Ste 1A</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND <b>Nellie S. Francis - 16 Miller Ave, Ste 1A, Prov. R.I. 02905</b>					
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

File Date **6-22-2010**  
Check No. **613**  
By: **mnc**

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CORPORATIONS DIV  
SECRETARY OF STATE

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.

**Nellie S. Francis** 6-22-10  
Signature of Officer Date  
**Nellie S. Francis**  
Print or Type Name of Officer  
**President / Executive Director**  
Title of Officer