



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

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(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: 2010**

**1. Corporate ID No. 000144556**

**2. Name of Corporation Kazakh Aul of the United States, Association for American and Kazakh Families**

**3. State of Incorporation**

State:

**4. Corporate Address in Rhode Island**

No. and Street: PO BOX 6185

City or Town: PROVIDENCE

State: RI

Zip: 02940 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 PROMOTE CHARITABLE AND FUNDRAISING ACTIVITIES TO PROVIDE  
EDUCATIONAL AND CULTURAL PROGRAMS TO PROMOTE CROSS-CULTURAL  
UNDERSTANDING OF THE KAZAKH CULTURE.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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*

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	SUSAN SAXON	144 WHEELER AVENUE CRANSTON, RI 02905 USA
DIRECTOR	DAVID MOROWITZ	15 PINE TOP RD. BARRINGTON, RI 02806 USA
DIRECTOR	LEAH RUSSELL	302 FLAGG HILL RD. BOXBOROUGH, MA 01719 USA
DIRECTOR	JEANNE CARRILLO	4870 CITADEL COVE SYRACUSE, NY 13215 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**

SUSAN SAXON 144 WHEELER AVENUE CRANSTON , RI 02905

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

**Signed this 26 Day of October, 2010 at 8:18:39 PM.** *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 SUSAN SAXON  
Signature of Officer of the Corporation

☒ 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

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