

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 2011

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. 506445		2. Name of Corporation KHADARLIS FOR SIERRA LEONE/THRIFT STORE			
3. State of Incorporation RI		4. Corporate address in Rhode Island -Street Address 99 ACADEMY AVENUE		City PROVIDENCE	Zip 02909
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					
President Name Dartis Johnson			Vice President Name Aisha Desince		
Street Address 48 Dover St			Street Address 48 Dover St.		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name			Treasurer Name Joseph Savage Accountant/Treasurer		
Street Address			Street Address 40 Stenton Ave G6		
City	State	Zip	City Providence	State RI	Zip 02906
Director Name Haja M Khadar			Director Name Haj N Khan		
Street Address 99 Academy Ave			Street Address 99 Academy Ave.		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name Mildred Johnson			Director Name James Carleton		
Street Address 99 Academy Ave			Street Address 99 Academy Ave		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
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

JUL 21 2011

By MME

CL #10213421254

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

Joseph M. SAVAGE

Print or Type Name of Officer

ACCOUNTANT/Treasurer

Title of Officer

7/20/11
Date