



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

2012 JUN 7 PM 1:26
 SECRETARY OF STATE
 CORPORATIONS DIV.

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 743312		2. Exact name of the Corporation (HMINAA) Haywood Mission Institute New Millennium Academy Ass.	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Bringing together former students of HMS and helping unfortunate students of Haywood mission Institute	
5. Principal office address 175 Burnside street		City Providence	State RI
		Zip 02905	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)			
President Name Vezele P. Wolobah Jr.		Vice-President Name Famatta Williams	
Street Address 95 Sisson street		Street Address 2804 Canal Drive	
City Pawtucket	State RI	City Wilson	State NC
Zip 02860		Zip 27896	
Secretary Name Anthony V. Farmah		Treasurer Name Senkolo Traub	
Street Address 153 Louvel Road		Street Address 836 Main street	
City Sharon Hill	State PA	City Pawtucket	State RI
Zip 1907		Zip 02860	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)			
Director Name Senkolo Traub		Director Name Tupee Borzie	
Street Address 836 Main St.		Street Address 257 Academy Ave	
City Pawtucket	State RI	City Providence	State RI
Zip 02860		Zip 02908	
Director Name Vezele P. Wolobah, Jr.		Director Name Famatta Williams	
Street Address 95 Sisson St.		Street Address 2804 Canal Drive	
City Pawtucket	State RI	City Wilson	State NC
Zip 02860		Zip 27896	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

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

File Date _____
 Check No _____
 By _____
FOR SECRETARY OF STATE USE ONLY

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.

Vezele P. Wolobah Jr. 6/6/12
 Signature of Officer Date
Vezele P. Wolobah Jr.
 Print or Type Name of Officer
President
 Title of Officer