



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

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. <u>1714738</u>		2. Exact name of the Corporation <u>The Union of Liberian Associations in the Americas (ULAA), Inc.</u>	
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>Educational Services, Political, Cultural Issues affecting Liberia & Africa</u>	
5. Principal office address <u>801 Broad St - Prov. RI</u>		City <u>Providence</u>	State <u>RI</u>
<u>02905 Box #28</u>		Zip <u>02905</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Nellie S. Francis</u>		Vice-President Name <u>John Wright</u>	
Street Address <u>P.O. Box 25044</u>		Street Address <u>P.O. Box 25044</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02905</u>	
Secretary Name <u>Daniel Green</u>		Treasurer Name <u>Ankie Isibor-Nyanscor</u>	
Street Address <u>P.O. Box 25044</u>		Street Address <u>P.O. Box 25044</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02905</u>	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>John Wright</u>		Director Name <u>Michael Fahnbulleh</u>	
Street Address <u>P.O. Box 25044</u>		Street Address <u>P.O. Box 25044</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02905</u>	
Director Name <u>Nellie S. Francis</u>		Director Name <u>Alexander Brown</u>	
Street Address <u>P.O. Box 25044</u>		Street Address <u>P.O. Box 25044</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02905</u>	
8. REGISTERED AGENT IN RHODE ISLAND <u>Nellie S. Francis P.O. Box 25044 Prov RI 02905</u>			

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

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BY 12104014

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 11-7-12
Signature of Officer Date

Nellie S. Francis
Print or Type Name of Officer

President
Title of Officer