



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. 1714738		2. Exact name of the Corporation The Union of Liberland Associations in the Americas (ULAA), Inc.	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island Educational Services, providing Seminars, Workshop in the field of Political, Cultural, Issues affecting Rhode Island.	
5. Principal office address 2905 Broad St - Prov. RI		City Providence	State RI
Box #28		Zip 02905	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Nellie S. Francis		Vice-President Name John Wright	
Street Address P.O. Box 25044		Street Address P.O. Box 25044	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
Secretary Name Daniel Green		Treasurer Name Ankie Isibar-Nyansoor	
Street Address P.O. Box 25044		Street Address P.O. Box 25044	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
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 John Wright		Director Name Michael Fahnbulleh	
Street Address P.O. Box 25044		Street Address P.O. Box 25044	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
Director Name Nellie S. Francis		Director Name Alexander Brown	
Street Address P.O. Box 25044		Street Address P.O. Box 25044	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
8. REGISTERED AGENT IN RHODE ISLAND Nellie Francis - P.O. Box 25044 - Providence RI 02905			
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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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: [Signature] Date: **11-7-12**

Nellie S. Francis
 Print or Type Name of Officer

President
 Title of Officer