



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 **2013**

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. 27792		2. Exact name of the Corporation Liberian Community Association of Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island We provide quality support and services to Liberians and under-resource community members of Rhode Island.			
5. Principal office address 807 Broad Street		City Providence		State RI	Zip 02907
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Winston A. Gould		Vice-President Name Gabriel Duana			
Street Address 502 Plainfield Street		Street Address 55 Capron Street			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Princess Metuge		Treasurer Name Hawa Vincent			
Street Address 99 Metropolitan Avenue		Street Address 6 Katherine Drive			
City Cranston	State RI	Zip 02920	City Johnston	State RI	Zip 02919
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name George Dweh		Director Name Nathan Nagba			
Street Address 807 Broad Street		Street Address 807 Broad Street			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name D. Frank Gould		Director Name Gabriel Zeawea			
Street Address 345 Montgomery Avenue		Street Address 807 Broad Street			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
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

FILED

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

JAN 10 2014

BY CA 214557

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

Winston A. Gould

Print or Type Name of Officer

President

Title of Officer

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
JAN 10 PM 2:58