



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. 506217		2. Exact name of the Corporation RI Chapter - B.W.I. National Alumni Association of North America			
3. State of Incorporation Georgia		4. Brief description of the character of business conducted in Rhode Island Non-Profit 501 (C) 3 Organization. Raise Fund to help rebuild the Booker Washington Institute (B. W. I.).			
5. Principal office address 84 Gallup Street		City Providence		State RI	Zip 02905
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☒					
President Name Danlette F. Norris		Vice-President Name Momo J. Vezele			
Street Address 84 Gallup Street		Street Address 44 Gallup Street			
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Vida Hall		Treasurer Name Comfort Yengbeh			
Street Address 105 Homer Street		Street Address 44 Venice Street			
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02908
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS) (X) BOX FOR ATTACHMENT ☒					
Director Name Harrington Evans		Director Name David S. Ballah, Sr.			
Street Address 99 Washington Avenue		Street Address 95 Carpenter Street			
City Providence	State RI	Zip 02905	City Pawtucket	State RI	Zip 02860
Director Name Charles P. Youn		Director Name Willis Dunbar			
Street Address 54 Fairview Avenue		Street Address 171 Gallatin Street			
City Pawtucket	State RI	Zip 02860	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

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

FILED

MAR 19 2014

49-220309

By

A.A. 12:08 p.m.

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

Danlette F. Norris

Print or Type Name of Officer

President

Title of Officer

Date

3-19-14