



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 133265		2. Exact name of the Corporation Virginia Association of Liberians in the Americas			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Provide humanitarian and charitable assistance to the members and to the residents of Virginia, Liberia			
5. Principal office address 27 Mawney Street		City Providence	State RI	Zip 02907	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Rupel E. Marshall, Sr.			Vice-President Name Naomi Capehart-Harmon		
Street Address 178 Key Parkway			Street Address 3327 Fairdale Rd.		
City Frederick	State MD	Zip 21702	City Philadelphia	State PA	Zip 19154
Secretary Name Zoe Kamara-Wilson			Treasurer Name Marie Browne		
Street Address 178 Key Parkway			Street Address 705 Azasaca Ave.		
City Frederick	State MD	Zip 21702	City Ft Worth	State TX	Zip 76120
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Rupel E. Marshall, Sr.			Director Name Naomi Capehart-Harmon		
Street Address 178 Key Parkway			Street Address 3327 Fairdale Rd.		
City Frederick	State MD	Zip 21702	City Philadelphia	State PA	Zip 19154
Director Name Zoe Kamara-Wilson			Director Name		
Street Address 178 Key Parkway			Street Address		
City Frederick	State MD	Zip 21702	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND MARTHA MOORE					
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, duly Authorized Representative, Receiver or Trustee

File Date _____

FILED

Check No _____

JUN 25 2014

By: _____

FOR SECRETARY OF STATE USE BY LYCH 22 7169

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.

Martina Moore
Signature of Officer or Authorized Representative

6/25/14
Date

MARTHA MOORE
Print or Type Name of Officer or Authorized Representative