



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000099582

2. Name of Corporation ASSOCIATION DES AFRICAINS FRANCOPHONES ET GAMBIENSDE RHODE ISLAND

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 52 DOYLE AVENUE

City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

SOCIAL AND APOLITICAL.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
PRESIDENT	DR. ALIOUNE CISSOKO	52 DOYLE AVE PROVIDENCE, RI 02906 USA
TREASURER	KOKE CISSOKO	67 YORK AVENUE PAWTUCKET, RI 02860 USA

SECRETARY	SEKOU CAMARA	83 ARTHUR STREET PAWTUCKET, RI 02860 USA
SECRETARY	ABDOULAY SIGNATE	PROVIDENCE, RI 02906 USA
VICE PRESIDENT	MOHAMET DIAKITE	66 WALTHAM STREET PAWTUCKET, RI 02860 USA
DIRECTOR	KARIM SOW	583 ACADEMIC AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	MAMADOU FOFANA	116 OAKLAWN AVENUE PAWTUCKET, RI 02860 USA
DIRECTOR	SEYDON KOUYATE	950 MAINE STREET PAWTUCKET, RI 02906 USA
DIRECTOR	ALLEN DOUMBOUYA	950 MAIN STREET PAWTUCKET, RI 02860 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ALIOUNE CISSOKO 54 DOYLE AVENUE PROVIDENCE , RI 02906

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 30 Day of June, 2014 at 9:16:56 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DR ALIOUNE B. CISSOKO
Signature of Authorized Person

Form No. 631
Revised 09/07