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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

2014 JUL 11 PM 4:33

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.	2. Exact name of the Corporation
787911	AFRICAN COMMUNITY Development Project
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: Organise programs & activities that help guide the African American youth to a better furture.

5. Principal office address	City	State	Zip
100 PINE ST, Pawtucket RI	Pawtucket	RI	02860

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
EL Adji Gueye	100 Pine St,	Pawtucket	RI	02860

Vice-President Name	Street Address	City	State	Zip
Mamadou GADIAGA	28 Mary St	Pawtucket	RI	02860

Secretary Name	Street Address	City	State	Zip
Bafe D. N Doye	234 Wilson St	Rumford	RI	02916

Treasurer Name	Street Address	City	State	Zip
Vieux D. Tall	62 Nichol's St	Everett	MA	02148

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
MAMADOU GADIAGA	28 Mary St	Pawtucket	RI	02860

Director Name	Street Address	City	State	Zip
EL Adji Gueye	100 Pine St, Pawtucket, RI	Pawtucket	RI	02860

Director Name	Street Address	City	State	Zip
Bafe D. N Doye	234 Wilson St	Rumford	RI	02916

Director Name	Street Address	City	State	Zip
Vieux Tall	62 Nichol's St	Everett	MA	02148

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, duly Authorized Representative, Receiver or Trustee

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

FILED
JUL 11 2014
BY 228353

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.

Mamadou Gadiaga 7/11/2014
Signature of Officer or Authorized Representative — Date

MAMADOU GADIAGA.
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
109169-2-977373