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.	2. Exact name of the Corporation
143826	**Susu Incorporated**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**To provide quality financial solutions to its members**

5. Principal office address	City	State	Zip
84 Villa Ave.	**Cranston**	**RI**	**02904**

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

President Name			Vice-President Name		
Mohammed Y. Kuyateh					
Street Address			Street Address		
80 Allendale					
City	State	Zip	City	State	Zip
Johnston	**RI**	**02919**			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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CORPORATIONS DIV

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

Director Name			Director Name		
Isatta T. Kuyateh			**Robert Nyahkoon**		
Street Address			Street Address		
80 Allendale			**127 Wendell Street**		
City	State	Zip	City	State	Zip
Johnston	**RI**	**02919**	**Providence**	**RI**	**02909**
Director Name			Director Name		
Edward Morgan					
Street Address			Street Address		
84 Villa Avenue					
City	State	Zip	City	State	Zip
Cranston	**RI**	**02905**			

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

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JUL 15 2014
By 228441
KM

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 or Authorized Representative — Date: **7/14/2014**

Edward W. Morgan
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014