



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. 143826		2. Exact name of the Corporation Susu Incorporated			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To provide quality financial solutions to its members			
5. Principal office address 84 Villa Ave.		City Cranston		State RI	Zip 02904
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Mohammed Y. Kuyateh		Vice-President Name			
Street Address 80 Allendale		Street Address			
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Isatta T. Kuyateh		Director Name Robert Nyahkoon			
Street Address 80 Allendale		Street Address 127 Wendell Street			
City Johnston	State RI	Zip 02919	City Providence	State RI	Zip 02909
Director Name Edward Morgan		Director Name			
Street Address 84 Villa Avenue		Street Address			
City Cranston	State RI	Zip 02905	City	State	Zip
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

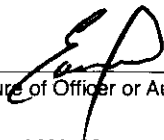
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Check No	
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.


Signature of Officer or Authorized Representative
Date **7/14/2014**
Edward W. Morgan
Print or Type Name of Officer or Authorized Representative