



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. 157938		2. Exact name of the Corporation Testin A L Goods Memorial Foundation (JL 6)	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Non profit orphanage, education, medical, feeding, counseling	
5. Principal office address 52 Butler Ave		City Central Falls	State RI
		Zip 02863	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Edifice Bemah		Vice-President Name Theo Nimneh	
Street Address 52 Butler Ave		Street Address 52 Butler Ave	
City Central Falls	State RI	City Central Falls	State RI
Zip 02863		Zip 02863	
Secretary Name Lilay Kollie		Treasurer Name Monah Rhodes	
Street Address 1164 Elmdate Ave		Street Address 150 Lakeview Drive	
City Prov	State RI	City Providence	State RI
Zip 02909		Zip 02910	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Alberta Nimneh		Director Name Alice Johnson	
Street Address 52 Butler Ave		Street Address 396 Blackstone Street	
City Central Falls	State RI	City Providence	State RI
Zip 02863		Zip 02907	
Director Name Bernadette Nimneh		Director Name Nekpo Brown	
Street Address 171 Hudson St		Street Address 339 Nottingham St	
City Providence	State RI	City Springfield	State MA
Zip 02909		Zip 01107	
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 BY

FILED

AUG 22 2014

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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.

Edifice Bemah

Signature of Officer or Authorized Representative

8/22/14

Date

Edifice Bemah

Print or Type Name of Officer or Authorized Representative