RI SOS Filing Number: 201450379900 Date: 11/25/2014 4:00 PM

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
135992	AFRICAN ALLIANCE OF RI (AARI)
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	NON-PROFIT

5. Principal office address	City	State	Zip
570 BROAD ST	PROVIDENCE	RI	02907

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

President Name	Vice-President Name
Julius Kolawole	SIMON GOUDIARY
Street Address: 242 WARRINGTON ST	Street Address: 27 VIGILANT ST
City: PROV State: RI Zip: 02907	City: CRANSTON State: RI Zip: 02920
Secretary Name	**Treasurer Name**
RAPHAEL OKELOLA	KABA JOOF
Street Address: 2 DEVON ST	Street Address: 58 MANNING ST
City: PROV State: RI Zip: 02907	City: ~~N PROVIDENCE~~ CRANSTON State: RI Zip: 02921

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
NEVILLE, SONGWE JR	JIM VINCENT
Street Address: 131 HOPE ST # 3D	Street Address: 577 SCITUATE AV
City: PROV State: RI Zip: 02907	City: CRANSTON State: RI Zip: 02921
Director Name	**Director Name**
RAPHAEL SOLAWON	JEANETTE AKINKAMIYE
Street Address: 17 COGGESHILL ST	Street Address: 13 MOORE ST
City: PRO State: RI Zip: 02908	City: PROV State: RI Zip: 02907

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

FILED

File Date NOV 25 2014
Check No CK 237315
By: BY
~~2014 NOV 25 PM 1:11~~

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SECRETARY OF STATE DIV. CORPORATIONS FILED

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: 11/25/14

Julius Kolawole, President
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
114213-1-998977