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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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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
148026	**The Foundation for West Africa**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Mission: Support the people of West Africa in their endeavor to build lasting peace and prosperity. Activities: Raise funds for community radio stations in West Africa**

5. Principal office address	City	State	Zip
219 Washington Road	**Barrington**	**RI**	**02806**

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

President Name	Street Address	City	State	Zip
Christopher S. Hamblett	**219 Washington Road**	**Barrington**	**RI**	**02806**

Vice-President Name	Street Address	City	State	Zip
M. Lamin Sarr	**4603 Georgia Avenue, NW**	**Washington**	**DC**	**20011**

Secretary Name	Street Address	City	State	Zip
M. Lamin Sar	**4603 Georgia Avenue, NW**	**Washington**	**DC**	**20011**

Treasurer Name	Street Address	City	State	Zip
Barbara M. Badio	**15 Carr Street**	**Providence**	**RI**	**02806**

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
Christopher S. Hamblett	**219 Washington Road**	**Barrington**	**RI**	**02806**

Director Name	Street Address	City	State	Zip
M. Lamin Sarr	**4603 Georgia Avenue, NW**	**Washington**	**DC**	**22001**

Director Name	Street Address	City	State	Zip
Barbara M. Badio	**15 Carr Street**	**Providence**	**RI**	**02905**

Director Name	Street Address	City	State	Zip
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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
MAY 18 2015
BY 1120

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.

Chris Hamblett May 16 2015
Signature of Officer or Authorized Representative Date

Christopher S. Hamblett
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
120971-22-1034228