



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. 148026		2. Exact name of the Corporation The Foundation for West Africa			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in 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 219 Washington Road		City Barrington		State RI	Zip 02806
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Christopher S. Hamblett		Vice-President Name M. Lamin Sarr			
Street Address 219 Washington Road		Street Address 4603 Georgia Avenue, NW			
City Barrington	State RI	Zip 02806	City Washington	State DC	Zip 20011
Secretary Name M. Lamin Sar		Treasurer Name Barbara M. Badio			
Street Address 4603 Georgia Avenue, NW		Street Address 15 Carr Street			
City Washington	State DC	Zip 20011	City Providence	State RI	Zip 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 Christopher S. Hamblett		Director Name M. Lamin Sarr			
Street Address 219 Washington Road		Street Address 4603 Georgia Avenue, NW			
City Barrington	State RI	Zip 02806	City Washington	State DC	Zip 22001
Director Name Barbara M. Badio		Director Name			
Street Address 15 Carr Street		Street Address P			
City Providence	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

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

BY

FILED

MAY 18 2015

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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.

Christopher S. Hamblett

Signature of Officer or Authorized Representative

Date

MAY 16, 2015

Christopher S. Hamblett

Print or Type Name of Officer or Authorized Representative