



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 140298		2. Name of Corporation ORGANIZATION OF LIBERIAN SONS & DAUGHTERS	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 338 ADELAIDE AVE.	
		City PROVIDENCE	Zip 02907
5. Foreign corporation. Enter principal office address		City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island INVESTMENT, REAL ESTATE, RESTAURANT			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name VICTORIA PEAH		Vice President Name WILLIAM DEAHN	
Street Address 338 ADELAIDE AVE.		Street Address 34 MARIETTA ST	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02907		Zip 02904	
Secretary Name PRUDENCE KING		Treasurer Name ROSELINE GOODRIDGE	
Street Address 50-B HANOVER ST		Street Address 115 SECOND ST	
City PROVIDENCE	State RI	City CRANSTON	State RI
Zip 02907		Zip 02910	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name KOJO KING		Director Name JOSEPH GOODRIDGE	
Street Address 39 FISK ST		Street Address 115 SECOND ST	
City PROVIDENCE	State RI	City CRANSTON	State RI
Zip 02905		Zip 02910	
Director Name WELLINGTON HALL		Director Name	
Street Address 106 HOMER ST		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02905			
9. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78			

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

FILED

JUN 04 2015

By **250211-KM**

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Victoria Peah

Signature of Officer

Date

VICTORIA PEAH

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 631 Rev. 09/17