



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. 156334		2. Exact name of the Corporation Miss Liberia In America, Inc	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island pageants, Scholarship pageants, Singing, Dance, modeling, Fashion Shows, etc.	
5. Principal office address 16 Miller Ave		City Providence	
State RI		Zip 02905	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Nellie S. Francis		Vice-President Name Krystal W. Savie'e	
Street Address 16 Miller Ave		Street Address 16 Miller Ave	
City Providence		City Providence	
State RI		State RI	
Zip 02905		Zip 02905	
Secretary Name Bendu Massagnoi		Treasurer Name	
Street Address 16 Miller Ave		Street Address	
City Providence		City	
State RI		State	
Zip 02905		Zip	
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 Nellie S. Francis		Director Name Jazmie Savie'e	
Street Address 16 Miller Ave		Street Address 16 Miller Ave	
City Providence		City Providence	
State RI		State RI	
Zip 02905		Zip 02905	
Director Name Krystal W. Savie'e		Director Name Theresa N. Francis	
Street Address 16 Miller Ave		Street Address 16 Miller Ave	
City Providence		City Providence	
State RI		State RI	
Zip 02905		Zip 02905	
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

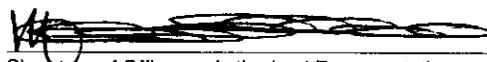
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 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY  
 By: 250624

**FILED**

JUN 10 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.

 6-11-2015  
 Signature of Officer or Authorized Representative Date

Nellie S. Francis  
 Print or Type Name of Officer or Authorized Representative  
 President