RI SOS Filing Number: 201563928660 Date: 07/05/2015 3:52 PM

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

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000144556

2. Name of Corporation Kazakh Aul of the United States, Association for American and Kazakh Families

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: PO BOX 41303
City or Town: PROVIDENCE State: RI Zip: 02940 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROMOTE CHARITABLE AND FUNDRAISING ACTIVITIES TO PROVIDE EDUCATIONAL AND CULTURAL PROGRAMS TO PROMOTE CROSS-CULTURAL UNDERSTANDING OF THE KAZAKH CULTURE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SUSAN SAXON	144 WHEELER AVENUE CRANSTON, RI 02905 USA

TREASURER	LEAH RUSSELL	302 FLAGG HILL RD. BOXBOROUGH, MA 01719 USA
DIRECTOR	DAVID MOROWITZ	15 PINE TOP RD. BARRINGTON, RI 02806 USA
DIRECTOR	GENEVIEVE WOLFE	54 CURTIS ST. SOMERVILLE, MA 02144 USA
DIRECTOR	JOHN WOLFE	54 CURTIS ST. SOMERVILLE, MA 02144 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

SUSAN SAXON 144 WHEELER AVENUE CRANSTON , RI 02905

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

Signed this 5 Day of July, 2015 at 3:53:38 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By SUSAN SAXON
Signature of Authorized Person

Form No. 631
Revised 09/07