



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. 27792		2. Exact name of the Corporation Liberian Community ASSOC. R.I. (LCAR)	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island We provide quality services to Liberians and under resource member of Rhode Island	
5. Principal office address 807 Broad St.		City PROV.	State RI Zip 02907
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name Winston A. Gould		Vice-President Name Gabriel Duana	
Street Address 124 Waverly St.		Street Address 55 Capro St.	
City Providence	State RI Zip 02907	City PROV.	State RI Zip 02909
Secretary Name Princess Metuge		Treasurer Name Hawa Vincent	
Street Address 99 metropolitan Ave		Street Address 6 Katherine Dr.	
City Crauson	State RI Zip 02920	City Johnston	State RI Zip 02910
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name Abraham Sherita		Director Name Mathan Nagba	
Street Address 807 Broad St		Street Address 807 Broad St.	
City PROV.	State RI Zip 02907	City PROV.	State RI Zip 02907
Director Name D. Frank Gould		Director Name Gabriel Zeawea	
Street Address 345 Montgomery Ave.		Street Address 807 Broad St	
City PROV.	State RI Zip 02907	City PROV.	State RI Zip 02907
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

RECEIVED
SECRETARY OF STATE
CORPORATE
2016 FEB 19 10:20
Check No.

By: _____

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FOR SECRETARY OF STATE USE ONLY

Form No. 631
Revised: 04/2014

FEB 19 2016 10:20

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.

Signature of Officer or Authorized Representative
Date 2/19/16

Winston A. GOULD
Print or Type Name of Officer or Authorized Representative

By: 267 989