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.	2. Exact name of the Corporation
160254	Pan African Society of Rhode Island
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Non-profit org. Helping in our Community

5. Principal office address	City	State	Zip
22 Smart St	Providence	RI	02904

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Gibril A. Fadia	Amadou Diallo
Street Address: 22 Smart St	Street Address: ~~Floor~~ 16 Young St ~~Apt #~~ 8
City: Prov / State: RI / Zip: 02904	City: PAWT / State: RI / Zip: 02860
Secretary Name: Mattar Joof	Treasurer Name: TiGan Sinera
Street Address: 468 Winter St ~~Apt #~~ 3F	Street Address: 56 Columbine Ave
City: Woonsocket / State: RI / Zip: 02895	City: Pawt / State: RI / Zip: 02861

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Waka Touray	Oumy Niang
Street Address: 180 Social St	Street Address: 90 Benefit St Apt # 3
City: Woonsocket / State: RI / Zip: 02895	City: Pawt / State: RI / Zip: 02895
Director Name: Njaga Ndiaye	Director Name
Street Address: 48 Chester St	Street Address
City: Woonsocket / State: RI / Zip: 02895	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

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File Date
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AR 268044

Form No. 631
Revised: 04/2014

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.

Gibril A. Fadia — 2/19/2016
Signature of Officer or Authorized Representative — Date

PRESIDENT
Print or Type Name of Officer or Authorized Representative