RI SOS Filing Number: 201699192920 Date: 05/20/2016 8:47 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: 2016

1. Corporate ID No. 000203966

2. Name of Corporation GUINEANS AND FRIENDS OF GUINEA OF RHODE ISLAND. (GAFGORI & NIMBA)

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 24 CORLISS STREET
P.O. BOX 6544
City or Town: PROVIDENCE State: RI Zip: 02904 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

ORGANIZE AND STRENGTHEN THE GUINEAN COMMUNITY IN RHODE ISLAND AND TO BUILD INFRUSTRUCTURE AND ECONOMIC EDUCATIONAL SOCIAL AND CULTURAL DEVELOPMENT IN THE NATIVE COUNTRY

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	SEKOU CAMARA	88 ARTHUR STREET, APT. 16

		PAWTUCKET, RI 02860 USA
TREASURER	MOHAMED LAMINE SANOH	33 OWEN AVE PAWTUCKET, RI 02860 USA
DIRECTOR	YADEEN MARIKO	522 ARBORETUN WAY CANTON, MA 02021 USA
DIRECTOR	LANCINE DIOUMESSY	800 WEEDEN ST PAWTUCKET, RI 02860 USA
DIRECTOR	KARIM SOW	12 FREESE ST PROVIDENCE, RI 02908 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

CECE JACQUES MONEMOU 24 CORLISS STREET P.O. BOX 6544 PROVIDENCE , RI 02904

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

Signed this 20 Day of May, 2016 at 8:51:56 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 SEKOU KEITA
Signature of Authorized Person

Form No. 631
Revised 09/07