State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2016 JUN 15 PM 1:00

1. Entity ID Number	2. Exact name of the Corporation
795644	CHRISTMAS SAVING CLUB
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	To help with the finincial problem of its members

5. Principal Office Address	City	State	Zip
950 Main st apt. # 18	pawtucket	RI	02860

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Melvin Meniboon			Vice-President Name: Makoya Troh		
Street Address: 950 Main St apt. # 18			Street Address: 153 Hudson St. apt. # 1		
City: pawtucket	State: RI	Zip: 02860	City: Providence	State: RI	Zip: 02909
Secretary Name: Ben Dahn			Treasurer Name: Nathan Madison		
Street Address: 348 Academy Ave			Street Address: 1251 Cranston St. apt. # 3		
City: Providence	State: RI	Zip: 02908	City: Cranston	State: RI	Zip: 02920

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: Shedrick B. Geyetay			Director Name: Fred Gayetay		
Street Address: 80 progress Ave			Street Address: 21 Woodman St.		
City: Providence	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02907
Director Name: James Mulbah			Director Name:		
Street Address: 115 Bellevue Ave apt. 1			Street Address:		
City: Providence	State: RI	Zip: 02907	City:	State:	Zip:

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
Shedrick B. Geyetay	6-15-16

Signature of Officer/Authorized Representative: Shedrick Geyetay SIGN DOCUMENT HERE

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JUN 15 2016

BY CR 276736

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov