



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

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUN 21 PM 3:58

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
7097513		Refugee Development Center			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		Non-profit Refugee Services			
5. Principal Office Address		City	State	Zip	
340 Lockwood Street		Providence	RI	02907	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name		Vice-President Name			
Omar Bah		Teddi Jallow			
Street Address		Street Address			
28 Erie Street		28 Erie St			
City	State	Zip	City	State	Zip
Providence	RI	02908	Providence	RI	02908
Secretary Name		Treasurer Name			
Lisa Sanchez		John Prince			
Street Address		Street Address			
36 Rill St		265 Elmwood Ave 1			
City	State	Zip	City	State	Zip
Providence	RI	02908	Providence	RI	02907
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name		Director Name			
Omar Bah		Teddi Jallow			
Street Address		Street Address			
28 Erie St		28 Erie St.			
City	State	Zip	City	State	Zip
Providence	RI	02908	Providence	RI	02908
Director Name		Director Name			
Bernard Georges, chair		Mohammed Fallahiya, v. chair			
Street Address		Street Address			
295 Ontario St.		1110 Narragansett Hwy			
City	State	Zip	City	State	Zip
Providence	RI	02907	Warwick	RI	02888
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	
				6/22/16	
Signature of Officer/Authorized Representative					
OMAR BAH SIGN DOCUMENT HERE					

FILED

JUN 21 2016

BY CA 277254