



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

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2016 JUN 2  
SECRETARY OF STATE  
CORPORATIONS DIV.

Non-Profit Corporation Annual Report for the year: 2015

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 <u>1626360</u>		2. Exact name of the Corporation <u>MISS Liberia USA</u>	
3. State of Incorporation <u>R.I</u>		4. Brief description of the character of business conducted in Rhode Island <u>Beauty Pageant</u>	
5. Principal Office Address <u>16 Miller Ave</u>			
6. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Nellie S. Francis</u>		Vice-President Name <u>Krystal W. Savice</u>	
Street Address <u>16 Miller Ave</u>		Street Address <u>16 Miller Ave</u>	
City <u>Providence</u>	State <u>R.I</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02905</u>	
Secretary Name <u>Winston Savice</u>		Treasurer Name <u>Jasmine A.M. Savice</u>	
Street Address <u>16 Miller Ave</u>		Street Address <u>16 Miller Ave</u>	
City <u>Providence</u>	State <u>R.I</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02905</u>	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Nellie S. Francis</u>		Director Name <u>Krystal Savice</u>	
Street Address <u>16 Miller Ave</u>		Street Address <u>16 Miller Ave</u>	
City <u>Providence</u>	State <u>R.I</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02905</u>	
Director Name <u>Theresa N. Francis</u>		Director Name	
Street Address <u>16 Miller Ave</u>		Street Address	
City <u>Providence</u>	State <u>R.I</u>	City	State
Zip <u>02905</u>		Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <u>Nellie S. Francis - President</u>			Date <u>6-24-2016</u>
Signature of Officer/Authorized Representative <u>[Signature]</u> SIGN DOCUMENT HERE			

**FILED**

JUN 24 2016 9:48

By 277511