



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. 000743312

2. Name of Corporation Haywood Mission Institute New Millennium-Alumni Association (HMINAA)

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 175 BURNSIDE STREET

City or Town: PROVIDENCE

State: RI Zip: 02905 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 175 BURNSIDE STREET

City or Town: WILSON State: NC Zip: 27896 Country: UNI

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO BRING FORMER STUDENTS AND ALUMNI OF HAYWOOD MISSION INSTITUTE TOGETHER TO HELP STRUGGLING STUDENTS OF HAYWOOD MISSION INSTITUTE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
DIRECTOR	SANKOLO TRAULS	170 HARRISON AVENUE, #2 PAWTUCKET, RI 02860 USA
DIRECTOR	FAMATA WILLIAMS	2804 CANAL DR WILSON, NC 27896 USA

DIRECTOR

VEZELE P. WOLOBAH

175 BURNSIDE STREET
PROVIDENCE , RI 02905 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**

VEZELE P. WOLOBUH, JR. 175 BURNSIDE STREET PROVIDENCE , RI 02905

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

Signed this 2 Day of August, 2016 at 12:28:17 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 VEZELE P WOLOBAH JR
Signature of Authorized Person

Form No. 631
Revised 09/07

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