



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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R.I. DEPT. OF STATE
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Annual Report for the year: 2016
Non-Profit Corporation

2016 DEC -9 PM 1:58

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

1. Entity ID Number <u>1341085</u>		2. Exact name of the Corporation <u>African Women In Leadership Organisation North East Region USA</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Non-profit women Organisation</u>			
5. Principal Office Address <u>60 Thumber Blvd Smithfield RI 02917</u>		City <u>Smithfield</u>	State <u>RI</u>	Zip <u>02917</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Elisha Affai</u>			Vice-President Name <u>Etop Okokon</u>		
Street Address <u>759 SIMON WAY</u>			Street Address <u>60 Thumber Blvd</u>		
City <u>Lawrenceville</u>	State <u>GA</u>	Zip <u>30045 USA</u>	City <u>Smithfield</u>	State <u>RI</u>	Zip <u>02917</u>
Secretary Name <u>Jebbeh Jangaba</u>			Treasurer Name <u>Annette Dean</u>		
Street Address <u>7 Huron St Prov</u>			Street Address <u>178 Blue Ledge Drive</u>		
City <u>Prov</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Roslindale</u>	State <u>MA</u>	Zip <u>02131</u>
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 <u>Elisha Affai</u>			Director Name <u>Etop Okokon</u>		
Street Address <u>759 Simon Way</u>			Street Address <u>60 Thumber Blvd</u>		
City <u>Lawrenceville</u>	State <u>GA</u>	Zip <u>30045 USA</u>	City <u>Smithfield</u>	State <u>RI</u>	Zip <u>02917</u>
Director Name <u>Jebbeh Jangaba</u>			Director Name		
Street Address <u>7 Huron St Prov</u>			Street Address		
City <u>Prov</u>	State <u>RI</u>	Zip <u>02908</u>	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>Etop Okokon</u>					Date <u>12/9/16</u>
Signature of Officer/Authorized Representative <u>Etop Okokon</u> SIGN DOCUMENT HERE					

FILED

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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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