



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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 MAR -6 AM 11:45

1. Entity ID Number 160254		2. Exact name of the Corporation PAN-AFRICAN SOCIETY OF RHODE ISLAND	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island NON-Profit org. helping in our community	
5. Principal Office Address 22 Smart St		City Providence	State RI
		Zip 02904	
6. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name GIBRIL A. FADIA		Vice-President Name Amadou Diallo	
Street Address 22 Smart street		Street Address 16 Young St Pawtucket	
City PROVIDENCE	State RI	City Pawtucket	State R.I.
Zip 02904		Zip 02860	
Secretary Name Mataw Jool		Treasurer Name Saihou Sinerah	
Street Address 468 Winter St, Apt 3F		Street Address 56 Columbine Ave	
City Woonsocket	State RI	City Pawtucket	State RI
Zip 02895		Zip 02861	
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 Ndiaga Ndiaye		Director Name KEBBA NASSO	
Street Address 20 Mowry St		Street Address 25 LAKE SHORE DR # 6-6	
City Mancville	State RI	City NORTH ATTLEBORO	State MA
Zip 02838		Zip 02760	
Director Name Duma DUMIE MBOOB		Director Name Dummy DUMY NIANG	
Street Address 99 JEFFERS ST APT #4		Street Address 90 BENEFIT ST APT #3	
City Woonsocket	State RI	City PAWTUCKET	State RI
Zip 02895		Zip 02861	
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.			
<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 GIBRIL A. FADIA			Date 3/6/17
Signature of Officer/Authorized Representative <i>[Signature]</i>			PRESIDENT
SIGN DOCUMENT HERE			

FILED ←

MAR 06 2017

BY [Signature] 297SDG

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