



State of Rhode Island and Providence Plantings
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.
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1. Entity ID Number 0072563		2. Exact name of the Corporation Friends Association of Pawtucket, Inc.	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Non-Profit Organization	
5. Principal Office Address 95 Carpenter Street		City Pawtucket	State RI
		Zip 02860	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Emmanuel Capehart		Vice-President Name Togar Johnson	
Street Address 699 Weeden Street		Street Address 33 Claremont Street	
City Pawtucket	State RI	City Central Falls	State RI
Zip 02860		Zip 02863	
Secretary Name Borkai B. Johnson		Treasurer Name Eva Ballah	
Street Address 33 1/2 Jane Street		Street Address 95 Carpenter Street	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
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 David S. Ballah, Sr.		Director Name Mangee Attia	
Street Address 95 Carpenter Street		Street Address 699 Weeden Street	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
Director Name Cephas Logan		Director Name Shirley Johnson	
Street Address 217 Harrison Street		Street Address 33 1/2 Jane Street	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
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 Borkai B. Johnson			Date 11-29-16
Signature of Officer/Authorized Representative BK Johnson SIGN DOCUMENT HERE			

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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By 360245