



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.

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