RI SOS Filing Number: 201745343500 Date: 6/12/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017 **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.

1. Entity ID Number 001668632		2. Exact name of the Corporation Ghana Life Line Foundation				
3. State of Incorporation	5. Brief des	cription of the chara	acter of business conducted in Rho	ode Island		
RI	To Mobili:	ze Ghanaians In	USA And Elsewhere to Dona	ite Funds Toward	ds Free	
4. NAICS Code	Ambuland	ce Service In Gha	ana			
624230 - Emergency and						
6. Principal Office Address		·····	City	State	Zip	
807 Broad Street, Suite 1	21		Providence	RI	02904	
7. List ALL officers (names an			Che	ck the box to indicat		
President Name Kwasi Asant	te		Vice-President Name		o on accommon	
Street Address 1 Tanglewood lane			Street Address	Street Address		
City North Providence	State RI	^{Zip} 02904	City	State	Zip	
Secretary Name			Treasurer Name Emmanuel #	Treasurer Name Emmanuel Antwi		
Street Address				Street Address 66 Buena Vista Drive		
City	State	Zip	City Attleboro	State MA	Zip 02703	
8. List ALL directors (names ar	nd addresses). RI (Corporations MUST				
Director Name Kwasi Asante			Director Name Kwabena Asa	Check the box to indi	cate an attachment L	
Street Address 1 Tanglewood Lane				Street Address 1 Tanglewood lane		
City North Providence	State RI	Zip 02904	City North Providence	State RI	^{Zip} 02904	
Director Name Sabina Asante			Director Name Nicole Asante			
Street Address 1 Tanglewood Lane				Street Address 1 Tanglewood lane		
City North Providence	State RI	^{Zip} 02904	City North Providence	State RI	^{Zip} 02904	
). Registered Agent in Rhode Is	sland. This informati	on is currently of reco	rd in the Department of State. Changes			
Inder penalty of perjury, I de statements, and that all state	eclare and affirm ti	hat I have examine	ed this report including any acce	ompanying schedu	ules and	
			Gecretary, Treasurer, duly Authorized Repress	sentative Receiver or Trus	efac	
lame of Officer/Authorized Rep	presentative			Date Date	166.	
(wasi Asante				6/8/2017		
ignature of Officer/Authorized F	Representative		<u>.</u>			
		KAARA				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

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