



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2017  
 Non-Profit Corporation

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2017 JUN 12 PM 1:21

- 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 <b>1337059</b>		2. Exact name of the Corporation <b>CONGOLESE REFUGEE SOLIDARITY FOR THE DEVELOPMENT</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island * We help refugees to get jobs and we provide transportation to them from/to work. * We provide driving training to refugees. * We provide interpreting services to refugees in several African languages.	
4. NAICS Code			
6. Principal Office Address <b>45 DARTMOUTH AVENUE, APT 2</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02907</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>JAMES KASKILE</b>		Vice-President Name <b>SOULEYMANE S. KABWE</b>	
Street Address <b>121 PROVIDENCE STREET</b>		Street Address <b>45 DARTMOUTH AVENUE, APT 2</b>	
City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02985</b>	City <b>PROVIDENCE</b>
			State <b>RI</b>
			Zip <b>02907</b>
Secretary Name <b>WAY AJULE</b>		Treasurer Name <b>MARIE UWERA</b>	
Street Address <b>211 LENOX AVENUE APT 1</b>		Street Address <b>211 LENOX AVENUE, APT 1</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>
			State <b>RI</b>
			Zip <b>02907</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>SOULEYMANE S. KABWE</b>		Director Name <b>JAMES KASKILE</b>	
Street Address <b>45 DARTMOUTH AVENUE, APT 2</b>		Street Address <b>121 PROVIDENCE STREET</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>WOONSOCKET</b>
			State <b>RI</b>
			Zip <b>02985</b>
Director Name <b>WAY AJULE</b>		Director Name <b>MACGODDINS U LUSHIMBA</b>	
Street Address <b>211 LENOX AVENUE, APT 1</b>		Street Address <b>45 GESLER STREET #45</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>
			State <b>RI</b>
			Zip <b>02909</b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>SOULEYMANE S. KABWE</b>			Date <b>6/12/2017</b>
Signature of Officer/Authorized Representative 			

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

**FILED**  
 JUN 12 2017

BY CU 305782 FORM 631 - Revised: 05/2017