



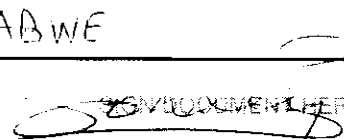
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 1337059		2. Exact name of the Corporation CONGOLESE REFUGEE SOLIDARITY FOR THE DEVELOPMENT	
3. State of Incorporation RHODE ISLAND		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 45 DARTMOUTH AVENUE, APT 2		City PROVIDENCE	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JAMES KASKILE		Vice-President Name SOULEYMANE S. KABWE	
Street Address 121 PROVIDENCE STREET		Street Address 45 DARTMOUTH AVENUE, APT 2	
City WOONSOCKET	State RI	Zip 02985	City PROVIDENCE
			State RI
			Zip 02907
Secretary Name WAY AJULE		Treasurer Name MARIE UWERA	
Street Address 211 LENOX AVENUE APT 1		Street Address 211 LENOX AVENUE, APT 1	
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE
			State RI
			Zip 02907
8. 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 SOULEYMANE S. KABWE		Director Name JAMES KASKILE	
Street Address 45 DARTMOUTH AVENUE, APT 2		Street Address 121 PROVIDENCE STREET	
City PROVIDENCE	State RI	Zip 02907	City WOONSOCKET
			State RI
			Zip 02985
Director Name WAY AJULE		Director Name MACGODDINS U LUSHIMBA	
Street Address 211 LENOX AVENUE, APT 1		Street Address 45 GESLER STREET #45	
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE
			State RI
			Zip 02909
9. 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 SOULEYMANE S. KABWE			Date 6/12/2017
Signature of Officer/Authorized Representative 			

FILED

JUN 12 2017

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

BY CU 305782 FORM 631 - Revised: 05/2017