



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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- 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 203966		2. Exact name of the Corporation GUINEANS AND FRIEND of GUINEA of Rhode Island (Coastal/Nimba)			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Mutual assistance to people of groups of People in needs.			
4. NAICS Code 624190					
6. Principal Office Address 24 Corliss St PO Box 6544		City Providence	State RI	Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KARIM SOW		Vice-President Name YASJEN MARIKO			
Street Address 12 Freese St		Street Address 45 Pott St Apt 5			
City Providence	State RI	Zip 02908	City Pawtucket	State RI	Zip 02860
Secretary Name SEKOU CAMARA		Treasurer Name LAMINE SANOH			
Street Address 83 Arthur St		Street Address 33 Owen Ave			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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 MAMA SI KALOKA		Director Name THIERNO BAH			
Street Address 33 Owen Ave		Street Address 466 Admiral St			
City Pawtucket	State RI	Zip 02860	City Providence	State RI	Zip 02908
Director Name ASMIROU DIALLO		Director Name DINSEY DOUMBIA			
Street Address 150 Shawsut Ave		Street Address 656 Broadway			
City Central Falls	State RI	Zip 02863	City Pawtucket	State RI	Zip 02860
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 KARIM SOW				Date 06/14/17	
Signature of Officer/Authorized Representative <i>Karim Sow</i>				FILED	

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 *JB 306047*