



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.

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1. Entity ID Number <b>203966</b>		2. Exact name of the Corporation <b>GUINEANS AND FRIEND of GUINEA of Rhode Island (Coastal/Nimba)</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Mutual assistance to people of groups of People in needs.</b>	
4. NAICS Code <b>624190</b>			
6. Principal Office Address <b>24 Corliss St PO Box 6544</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02904</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>KARIM SOW</b>		Vice-President Name <b>YASSEN MARIKO</b>	
Street Address <b>12 Freese St</b>		Street Address <b>45 Pott St Apt 5</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Pawtucket</b>	State <b>RI</b>
Zip <b>02908</b>		Zip <b>02860</b>	
Secretary Name <b>SEKOU CAMARA</b>		Treasurer Name <b>LAMINE SANOH</b>	
Street Address <b>83 Arthur St</b>		Street Address <b>33 Owen Ave</b>	
City <b>Pawtucket</b>	State <b>RI</b>	City <b>Pawtucket</b>	State <b>RI</b>
Zip <b>02860</b>		Zip <b>02860</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>MAMADI KALOKA</b>		Director Name <b>THIERNO BAH</b>	
Street Address <b>33 Owen Ave</b>		Street Address <b>466 Admiral St</b>	
City <b>Pawtucket</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02860</b>		Zip <b>02908</b>	
Director Name <b>ASMIROU DIALLO</b>		Director Name <b>DINSEY DOUMBIA</b>	
Street Address <b>150 Shownut Ave</b>		Street Address <b>656 Broadway</b>	
City <b>Central Falls</b>	State <b>RI</b>	City <b>Pawtucket</b>	State <b>RI</b>
Zip <b>02863</b>		Zip <b>02860</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>			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <b>KARIM SOW</b>			Date <b>06/14/17</b>
Signature of Officer/Authorized Representative <i>Karim Sow</i>			<b>FILED</b>

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

JUN 15 2017

BY *JB 306047*

FORM 631 - Revised: 05/2017