RI SOS Filing Number: 201745607800 Date: 6/16/2017 11:34:00 AM



State of Rhode Island and Providence Plantations Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

- 1. Corporate ID No. 000743312
- 2. Name of Corporation Haywood Mission Institute New Millennium-Alumni Association (HMINAA
- 3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>

NAICS Code

6

Fee: \$20.00

813319

4. Corporate Address in Rhode Island

No. and Street: 175 BURNSIDE STREET

City or Town: PROVIDENCE State: RI Zip: 02905 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO BRING FORMER STUDENTS AND ALUMNI OF HAYWOOD MISSION INSTITUTE TOGETHER TO HELP STRUGGLING STUDENTS OF HAYWOOD MISSION INSTITUTE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	ANTHONY FARMAH	123 LOUREL RD SHARON , PA 19070 USA
DIRECTOR	FAMATA WILLIAM	3804 CANAL DR WILSON , NC 27896 USA
DIRECTOR	VEZELE P. WOLOBAH	175 BURNSIDE STREET PROVIDENCE , RI 02905 USA
DIRECTOR	SENKOLO TRAUB	170 HARRISON STREET PAWTUCKET , RI 02860 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

VEZELE P. WOLOBUH, JR. 175 BURNSIDE STREET PROVIDENCE, RI 02905

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 16 Day of June, 2017 at 11:38:41 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By <u>VEZELE P. WOLOBAH, JR</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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