RI SOS Filing Number: 201746650120 Date: 6/23/2017 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2017 JUN 23 PM 2:45

Non-Profit Corporation Annual Report for the year: 2017
Filing period: June 1 - June 30
Filing Fee: $20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.

1. Entity ID Number	2. Exact name of the Corporation
162636	Miss Liberia USA
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
R.I	Beauty Pageant

5. Principal Office Address	City	State	Zip
16 Miller Ave			

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Nellie S. Francis			Vice-President Name	Krystal W. Savice		
Street Address	16 Miller Ave			Street Address	16 Miller Ave		
City	Providence	State RI	Zip 02905	City	Providence	State RI	Zip 02905
Secretary Name	Winston Savice			Treasurer Name	Jazmine A.M. Savice		
Street Address	16 Miller Ave			Street Address	16 Miller Ave		
City	Providence	State RI	Zip 02905	City	Providence	State RI	Zip 02905

7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name	Nellie S. Francis			Director Name	Krystal Savice		
Street Address	16 Miller Ave			Street Address	16 Miller Ave		
City	Providence	State RI	Zip 02905	City	Providence	State RI	Zip 02905
Director Name	Theresa N. Francis			Director Name			
Street Address	16 Miller Ave			Street Address			
City	Providence	State RI	Zip 02905	City		State	Zip

8. 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.

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	Date
Nellie S. Francis – President	6/19/2017

Signature of Officer/Authorized Representative
SIGN DOCUMENT HERE

FILED
JUN 23 2017
BY

Form No. 631

306772

Purpose

TO ORGANIZE AND HOST MISS LIBERIA IN AMERICA BEAUTY PAGEANTS AS WELL AS AFRICAN/AMERICAN BEAUTY PAGEANTS