No. of Concession, Name of Street, or other Persons, Name of Street, or ot
[/] /

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2017

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2017 JUN 26 PM 12: 10

-> 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	2 Exact name of Rhode TS	the Corporation	Le liberian Unite	ed Commundo e Advance	Association	
3. State of Incorporation	5. Brief description	on of the character	of business conducted in Rhod	e Island To Pro	mote	
4. NAICS Code 8 1 3 3 1 /			0	. 40	·	
6. Principal Office Address / 6	Milleri	AVENUR 2965	ROVI dence	State RI	Zip 02905	
7. List ALL officers (names and add	lresses)	•	Check	k the box to indicate a	n attachment 🔲	
President Name Nellie	s. Franc	ήS	Vice-President Name	Stal Wis	avice	
Street Address / 6 MM/10	r Avenu	Q.	Street Address Miller	Avenue	>	
city frovidence.	State R.I	zip 0 2905	City Providence.	State R, I	zipbz965	
Secretary Name Win Ston	n N Sa	NICE	Treasurer Name JAZM	ne Am. S	avice.	
Street Address 16 MUILE	r Aven	we	Street Address M916	r Avenue	2.	
City Providence	State RT	zipozacis	City Philideano.	State RII	210 ZGOS	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Newe.	Sr Fran	Wis	Director Name LVUSTE	il.W.Sa	VICO.	
Street Address: 16 Maile	v Aver	MC.	Street Address 6 M	ller Ave	emue,	
city prividence	State AI	Deges .	city proudered	StateRI	"OZGOR	
Director Name ThereS	2 N. F	ranvis	Director Name	,	, ,	
Street Address 6 Mile	r Aver	me	Street Address			
city Providence	State RT	Zip 67405	City	State	Zip	
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.						
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 Name of Officer/Authorized Representative Output Date //9/2017						
Signature of Officer/Authorized Representative						
441.70						

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 26 2017

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FORM 631 - Revised: 05/2017