RI SOS Filing Number: 201746777610 Date: 6/26/2017 4:00:00 PM

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.

1. Entity ID Number	2. Exact name of the Corporation
69891	VIRGINIA ASSOCIATION OF RI
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: non profit activities for members
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
27 MAWNEY STREET	PROVIDENCE	RI	02907

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

President Name: MARTHA MOORE		Vice-President Name: ISAAC DENNIS	
Street Address: 27 MAWNEY STREET		Street Address: 100 AUBURN STREET	
City: PROVIDENCE	State: RI Zip: 02907	City: PAWTUCKET	State: RI Zip: 02880
Secretary Name: BEATRICE DORLEY		Treasurer Name: ALFRED YAWEH	
Street Address: 60 LINDY STREET		Street Address: 95 BENEDICT STREET	
City: PROVIDENCE	State: RI Zip: 02908	City: PROVIDENCE	State: RI Zip: 02907

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

Director Name: ANTIONETTE KAI		Director Name: TONIA D. LATHROBE	
Street Address: 60 CLAY STREET		Street Address: 16 GEMINI DRIVE	
City: PAWTUCKET	State: RI Zip: 02880	City: EAST PROVIDENCE	State: RI Zip: 02914
Director Name: OLIVA COOPER		Director Name: HENRIETTA JETT	
Street Address: 100 ATWELL AVE		Street Address: 29 MAWNEY STREET	
City: PROVIDENCE	State: RI Zip: 02903	City: PROVIDENCE	State: RI Zip: 02907

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	Date
ALFRED YAWEH	6-20-17

Signature of Officer/Authorized Representative: AYaweh — 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

FILED
JUN 26 2017
BY 261

FORM 631 - Revised: 06/2017