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: 1027250	2. Exact name of the Corporation: Johannah Memorial Foundation
3. State of Incorporation: R.I	5. Brief description of the character of business conducted in Rhode Island: A non profit with the purpose of establishing a School in Monrovia, Liberia, to Educate and help the unfortunate.
4. NAICS Code:	

6. Principal Office Address	City	State	Zip
14 Osborn St. Apt #2	Providence	R.I	02908

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

President Name	Street Address	City	State	Zip
Tracy C. Gene	14 Osborn St. Apt #2	Providence	RI	02908

Vice-President Name	Street Address	City	State	Zip
Alex T. Coleman	48 Manton Ave. Flat	Providence	RI	0290[illegible]

Secretary Name	Street Address	City	State	Zip
Janice M. Sandy	50 Waverly Street	Providence	RI	02908

Treasurer Name	Street Address	City	State	Zip
William Zich	18 Diamon St. Apt 2	Providence	RI	02908

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

Director Name	Street Address	City	State	Zip
Jonathan B. Tillah	36 Angelico St. Apt #1	Johnston	RI	02919

Director Name	Street Address	City	State	Zip
Julius T. Kromah	28 Manley St. Apt 1	Providence	RI	02908

Director Name	Street Address	City	State	Zip
Celia Doe	816 American Road	Fort Dix	NJ	08640

Director Name	Street Address	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	Date
Tracy C. Gene	6/27/17

Signature of Officer/Authorized Representative

FILED
JUN 27 2017
BY 307016

MAIL TO:
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