



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

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: June 1 - June 30 • Filing Fee: \$20.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* 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.

1. Corporate ID No. <b>140298</b>		2. Name of Corporation <b>ORGANIZATION OF LIBERIAN SONS &amp; DAUGHTERS</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>338 ADELAIDE AVE.</b>		City <b>PROVIDENCE</b>	Zip <b>02907</b>
5. Foreign corporation. Enter principal office address		City		State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>INVESTMENT, REAL ESTATE, RESTAURANT</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>VICTORIA PEAH</b>			Vice President Name <b>WILLIAM DEAHN</b>		
Street Address <b>338 ADELAIDE AVE.</b>			Street Address <b>34 MARIETTA ST</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>PRUDENCE KING</b>			Treasurer Name <b>ROSELINE GOODRIDGE</b>		
Street Address <b>50-B HANOVER ST</b>			Street Address <b>115 SECOND ST</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <b>KOJO KING</b>			Director Name <b>JOSEPH GOODRIDGE</b>		
Street Address <b>39 FISK ST</b>			Street Address <b>115 SECOND ST</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>
Director Name <b>WELLINGTON HALL</b>			Director Name		
Street Address <b>106 HOMER ST</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

**JUN 29 2017**

BY **307232**  
**H.A.**

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.

**Victoria Peah**

Signature of Officer

Date

**VICTORIA PEAH**

Print or Type Name of Officer

**PRESIDENT**

Title of Officer

File Date **2017 JUN 29 PM 12:03**

Check No. **110 SOAS SUB**

By **R.I. DEPT. OF STATE**

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