



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2013
 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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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2017 JUL -3 12:49

1. Entity ID Number 304901	2. Exact name of the Corporation (NEKA) New England Kurdish Association		
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island Cultural Organization		
4. NAICS Code 813319			

6. Principal Office Address 350 Prospect St	City Pawtucket	State RI	Zip
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Ural Samenc I		Vice-President Name Nurettin Celik	
Street Address 149 W. Elm St		Street Address 1 Rome Ave	
City Wolleston	State MA	City Johnston	State RI
Zip 02170		Zip 02919	
Secretary Name Nurettin Celik		Treasurer Name	
Street Address 1 Rome Ave		Street Address	
City Johnston	State RI	City	State
Zip 02919		Zip	

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Nurettin Celik		Director Name Ural Samenc I	
Street Address 1 Rome Ave		Street Address 147 West Elm Ave	
City Johnston	State RI	City Wolleston	State MA
Zip 02919		Zip 02170	
Director Name Hasan Akisik		Director Name Mustafe Arda	
Street Address 8 Reservoir Ave		Street Address 77 Bay State Rd	
City Watertown	State MA	City Dummer	State MA
Zip		Zip 02141	

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 Mehmet Akbas	Date
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Signature of Officer/Authorized Representative 	FILED
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 FORM 631 - Revised: 06/2017