



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

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

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

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 <u>Mehmet Akbas</u>	Date
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Signature of Officer/Authorized Representative <u>[Signature]</u>	<b>FILED</b>
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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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 BY awc 307477  
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