



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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 BUS SVCS DIV
 2017 JUL -7 AM 9:49

1. Entity ID Number 795644		2. Exact name of the Corporation CHRISTMAS SAVING CLUB	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code 813990		To Help with the financial problems of HS members	
6. Principal Office Address 950 Main St. apt. #18		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Melvin Menibosh		Vice-President Name Makoya Troh	
Street Address 950 Main St apt #18		Street Address 153 Hudson St apt. 1	
City Pawtucket	State RI	City Providence	State RI
Zip 02860		Zip 02909	
Secretary Name Ben Dahn		Treasurer Name Nathan Madson	
Street Address 188 Carleton St		Street Address 1251 Cranston St. apt. #3	
City Providence	State RI	City Cranston	State RI
Zip 02908		Zip 02920	
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 Sheorick B. Geyetay		Director Name Fred Geyetay	
Street Address 80 Progress Ave		Street Address 21 Woodman St	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02907	
Director Name James Mulbah		Director Name	
Street Address 115 Bellevue Ave		Street Address	
City Providence	State RI	City	State
Zip 02907		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Sheorick B. Geyetay			Date 7-7-17
Signature of Officer/Authorized Representative Sheorick B. Geyetay			

FILED

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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