



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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 DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION
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1. Entity ID Number 157938	2. Exact name of the Corporation V L G Vestina L Goods Memorial foundation		
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island Health Consultation, Companion/advisor in health, orphanage, transportation, charity organization, medical supplies, appointment, education, ministry		
4. NAICS Code 624190			

6. Principal Office Address 52 Butler ave	City Central Falls	State RI	Zip 02863
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name Edifice Bernah			Vice-President Name Chantel Bernah		
Street Address 52 Butler ave			Street Address 52 Butler ave		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Secretary Name Kilay Kollie			Treasurer Name Monah Rhodes		
Street Address 166 Elm Dale			Street Address 120 Lake View Drive		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02910

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

Director Name Alberta Nimneh			Director Name Theophilus Nimneh		
Street Address 52 Butler ave			Street Address 52 Butler ave		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Director Name Nekpo Brown			Director Name		
Street Address 339 Nottingham St			Street Address		
City Springfield	State MA	Zip 01104	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 Chantel Bernah, MPA	Date 08/16/17
Signature of Officer/Authorized Representative Chantel Bernah	

FILED
 SIGN DOCUMENT HERE
FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2614
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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