



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

Annual Report for the year:

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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RECEIVED
STATE
SECRETARY OF STATE
BUSINESS SERVICES DIVISION

1. Entity ID Number 157938		2. Exact name of the Corporation V L G Destina 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	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Edifice Bernah		Vice-President Name Chantel Bernah	
Street Address 52 Butler ave		Street Address 52 Butler ave	
City Central Falls	State RI	City Central Falls	State RI
Zip 02863		Zip 02863	
Secretary Name Wilay Kollie		Treasurer Name Monah Rhodes	
Street Address 166 Elm Dale		Street Address 120 Lake View Drive	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02910	
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 Alberta Nimneh		Director Name Theophilus Nimneh	
Street Address 52 Butler ave		Street Address 52 Butler ave	
City Central Falls	State RI	City Central Falls	State RI
Zip 02863		Zip 02863	
Director Name Nekpo Brown		Director Name	
Street Address 339 Nottingham St		Street Address	
City Springfield	State MA	City	State
Zip 01104		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			

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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BY **18263946**

BY **18**

FORM 631 - Revised: 06/2017