



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

Annual Report for the year:  
Non-Profit Corporation

2017 Amended

- 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 OCT 11 AM 11:40

1. Entity ID Number <b>1337059</b>		2. Exact name of the Corporation <b>CONGOLESE REFUGEE SOLIDARITY FOR THE DEVELOPMENT</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island * We help refugees to get jobs and we provide transportation to them from/to work. * We provide driving training to refugees * We provide interpreting services to refugees in several African languages	
4. NAICS Code <b>624230</b>			
6. Principal Office Address <b>45 DARTMOUTH AVENUE, APT 2</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02907</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>SOULEYMANE S. KABWE</b>		Vice-President Name <b>MACGODDINS U LUSHIMBA</b>	
Street Address <b>45 DARTMOUTH AVENUE # 2</b>		Street Address <b>319 ELMWOOD AVENUE, APT 2D</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02907</b>	
Secretary Name		Treasurer Name <b>DEBORAH BAGUMA</b>	
Street Address		Street Address <b>45 DARTMOUTH AVENUE, # 2</b>	
City	State	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02907</b>	
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 <b>SOULEYMANE S. KABWE</b>		Director Name <b>MACGODDINS U. LUSHIMBA</b>	
Street Address <b>45 DARTMOUTH AVENUE, APT 2</b>		Street Address <b>319 ELMWOOD AVE, APT 2D</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02907</b>	
Director Name <b>DEBORAH BAGUMA</b>		Director Name	
Street Address <b>45 DARTMOUTH AVE, # 2</b>		Street Address	
City <b>PROVIDENCE</b>	State <b>RI</b>	City	State
Zip <b>02907</b>		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative <b>SOULEYMANE S. KABWE</b>			Date <b>10/11/2017</b>
Signature of Officer/Authorized Representative 			

**FILED**

**OCT 11/2017**

BY