RI SOS Filing Number: 201755144050 Date: 12/18/2017 4:00:00 PM

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

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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.

1. Entity ID Number	2. Exact name of the Corporation
135992	African Alliance of RI (AARI)
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: non-Profit - 501C3 organization. Community Gardens, Farmers Market, Annual Health Summit.
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
807 Broad St Rm 121	Providence	RI	02907

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Julius Kolawole			Vice-President Name: Simon Goudiaby		
Street Address: 242 Warrington St			Street Address: 27 Vigilant St		
City: Prov	State: RI	Zip: 02907	City: Cranston	State: RI	Zip: 02920
Secretary Name: Raphael Okelola			Treasurer Name: Kabba Sook		
Street Address: 2 Devon St			Street Address: 58 Manning St		
City: Providence	State: RI	Zip: 02908	City: Prov	State: RI	Zip: 02921

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

Director Name: Jim Vincent			Director Name: Raphael Solawon		
Street Address: 577 Scituate Av			Street Address: 17 Goggeshill St		
City: Cranston	State: RI	Zip: 02921	City: Prov	State: RI	Zip: 02908
Director Name: Mak Falagi			Director Name: J. R. Neville Songwe		
Street Address: 60 Fallon St			Street Address: 1 Chestnut St		
City: Prov	State: RI	Zip: 02908	City: Prov	State: RI	Zip: 02907

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	Date
Julius Kolawole	12/18/17

Signature of Officer/Authorized Representative — SIGN DOCUMENT HERE

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BY Cr 320013

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 06/20