RI SOS Filing Number: 201859557170 Date: 3/1/2018 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: 2018
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
505940	UNITED ORGANIZATION OF KLAY IN THE AMERICAS
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: Provides educational support, foster harmony & help people in need.
4. NAICS Code: 611110	

6. Principal Office Address	City	State	Zip
26 Cherry Street	Pawtucket	RI	02860

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

President Name	Vice-President Name
Molley C. Morgan	Mrs. Wertta Anderson-Bygen
Street Address: 8312 McCulough Ln. #202	Street Address: 3 Bebon Avenue
City: Gaithersburg State: MD Zip: 20877	City: Upper Darby State: PA Zip: 19082
Secretary Name: Mambu Momo	Treasurer Name: Evelyn Simbo
Street Address: 18 Auburn Hill way	Street Address: 26 Cherry Street
City: Gaithersburg State: MD Zip: 20877	City: Pawtucket State: RI Zip: 02860

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

Director Name	Director Name
Telee Brown	Molley C. Morgan
Street Address: 60 Waverly Plase	Street Address: 8312 McCulough Ln, 202
City: Staten Island State: NY Zip: 10304	City: Gaithersburg State: MD Zip: 20877
Director Name: Borna D. Gbelly	Director Name: Mary Gemignanie
Street Address: 26 Cherry Street	Street Address: 810 East River RD.
City: Pawtucket State: RI Zip: 02860	City: Lincoln State: VT Zip: 05443

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
Borna D. Gbelly	03-01-2018

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

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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FORM 631 - Revised: 06/2017