



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV.

Annual Report for the year: 2018  
 Non-Profit Corporation

2018 MAR -1 PM 2:39

- 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 505940	2. Exact name of the Corporation 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 Support, foster harmony & help people in need. Provides educational
4. NAICS Code 611110	

6. Principal Office Address 26 Cherry Street	City Pawtucket	State RI	Zip 02860
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name Molloy C. Morgan	Vice-President Name Mrs. Weatha Anderson-Bryer
Street Address 8312 Mc Culough Ln. # 202	Street Address 3 Belton Avenue
City Gaithersburg	City Upper Darby
State MD	State PA
Zip 20877	Zip 19082
Secretary Name Mambou Momo	Treasurer Name Evelyn Simbo
Street Address 18 Auburn Hillway	Street Address 26 Cherry Street
City Gaithersburg	City Pawtucket
State MD	State RI
Zip 20877	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 Telee Brown	Director Name Molloy C. Morgan
Street Address 60 Waverly Place	Street Address 8312 Mc Culough Ln, 202
City Staten Island	City Gaithersburg
State NY	State MD
Zip 10304	Zip 20877
Director Name Boina D. Gbely	Director Name Mary Gemignane
Street Address 26 Cherry Street	Street Address 810 East River RD.
City Pawtucket	City Lincoln
State RI	State VT
Zip 02860	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 Boina D. Gbely	Date 03-01-2018
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Signature of Officer/Authorized Representative 	SIGN DOCUMENT HERE	FILED
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MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

MAR 01 2018  
 BY QA CC 2296 3330  
 Form 631 - Revised: 06/2017