RI SOS Filing Number: 201863148560 Date: 4/30/2018 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: 72026	2. Exact name of the Corporation: United Bassa Association of Rhode Island
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: This organization undertakes projects and implements programs for the purposes of serving humanity, and Conducts Social activities as Means of Keeping its Members Inform.
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
P.O Box 1253 Eddy St	Providence	R.I.	02905

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

President Name: Sunniwaye Elizabeth Kelly			Vice-President Name: Hilary Holder		
Street Address: 419 Pawtucket Ave			Street Address: 86 Dunnell Ave		
City: Pawtucket	State: R.I.	Zip: 02860	City: Pawtucket	State: R.I.	Zip: 02860
Secretary Name: Moms Brown			Treasurer Name: Hawa Vincent		
Street Address: 298 Dudley St			Street Address: 6 Katherine Drive		
City: Providence	State: R.I.	Zip: 02907	City: Johnston	State: R.I.	Zip: 02919

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

Director Name: Milen King			Director Name: Jacob Myers		
Street Address: 143 Longwood Ave			Street Address: 160 Willow St		
City: Providence	State: R.I.	Zip: 02908	City: Providence	State: R.I.	Zip: 02909
Director Name: Megee Attia			Director Name:		
Street Address: 699 Weeden St			Street Address:		
City: Pawtucket	State: R.I.	Zip: 02860	City:	State:	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: Sunniwaye E. Kelly — Date: 4/30/18

Signature of Officer/Authorized Representative: Sunniwaye E. Kelly — SIGN DOCUMENT HERE

FILED
APR 30 2018
BY 329677

KM

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: 06/2017