RI SOS Filing Number: 201867600190 Date: 5/29/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2818 MAY 29 AM 11: 47

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

Entity ID Number	2. Exact name of the Corporation		OLIGAT CLANIX
203966	GUINEANS AND FK	IENDS OF GUINEA) F ICHUIST ISLAND
3. State of Incorporation	5. Brief description of the characte	r of business conducted in Rhode Is	land
RI	Mutual assista	_	as Guonbzot
4. NAICS Code	Demple in	need.	1
624190			
6. Principal Office Address	1.0	City Control This	State Zip
24 CORLISS St PO Box 6544		DROVIDENCE	LYI 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment			
President Name LARIM SOW		Vice-President Name VADEEN MARI 120	
	rese St	Street Address 45 Patt	SI Apr 5
eny Providence	State RI 210 02908	cin You Licket	State 27 Zip 02860
Secretary Name SEL20 U	CAMARA		E-SANDH
Street Address 83 Arthur St		Street Address 33 OWEN Ave	
CITYPAWTUCKET	State RI Zip 02860	CIN PAWFUCKET	State <u>21</u> Zip 028-6
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment			
Director Name MAMADI KALOKA		Director Name THIERNO BAH	
Street Address 33 OWEN Ave		Street Address 466 Admiral St	
CINPAWTUCKET	State DT Zip 02860	cin Proviolena	State RC Zip 02908
MSMIROU DIRECT		Director Name DINSEY DOUMBIA	
Street Address 150 Shownut Ave		Street Address 656 Broad way	
cin Central Falls	State 27 Zip 0286 3	ciry Pawhocket	State 27 Zip 02860
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 Represe	ARIM SOW		Date 05/29/18
Signature of Officer/Authorized Representative			
AU TO:			

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY ZY ZUIV

FORM 631 - Revised: 11/2017