

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		OLICAT CLANA
203966	GUINEANS AND FR	IENDS OF GUINEA () F ICHOBE ISLAND
3. State of Incorporation	Brief description of the character	r of business conducted in Rhode Isl	and _ /
L RE	Mutual assista	ance to temple	ed Quonbz of
4. NAICS Code	Demple in	need.	1
624190			
6. Principal Office Address	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	City	State Zip
24 CORLISS ST F		DEDVIDENCE	YI 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment			
President Name LARIM SOW		Vice-President Name VADEEN MARI 20	
Street Address 12 Fre	rese St	Street Address 45 Patt	
en Providence	State PI Zip 02908	city Pow Licket	State RT Zip 02860
Secretary Name SELOU	CAMARA		E-SANDH
Street Address 83 Arth	iur St	Street Address 33 01	wen Are
CITYPAWTUCKET	State RI Zip 02860	CITY PAWFUCKET	State 21 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 MAMAD	1 KALOKA	Director Name THIERN	
Street Address 33 (Wer	1 Ave	Street Address 466 Ad	miralSt
CINPAWTUCKET	State DT Zip 02860	cin Providence	State RC Zip 02918
	DIALLO	Director Name DINCEY D	OUM BIA
Street Address 150 Sha	Address 180 Shawnut Ave Street Address 656 Broad way		
cincentral falls	State 27 Zip 0286 3	ciny Powtrocket	State 27 Zip 02860
9. Registered Agent in Rhode Island	f. This information is currently of record i	n the Department of State. Changes requ	uire 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			
LOIPI OU SERSOCUMENT HEILED			
MAIL TO:		MAY 29 2018	

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: 11/2017