



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

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 <u>11668132</u>		2. Exact name of the Corporation <u>GHANA LIFE LINE FOUNDATION</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>ORGANIZE GHANAIANS AND FRIENDS TO DONATE TOWARDS FREE AMBULANCE SERVICES IN GHANA</u>	
4. NAICS Code <u>813219</u>			
6. Principal Office Address <u>807 Broad street #121</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02907</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>KWASI ASANTE</u>		Vice-President Name <u>SABINA ASANTE</u>	
Street Address <u>1 TANGLEWOOD LANE</u>		Street Address <u>1 TANGLEWOOD LANE</u>	
City <u>NORTH PROVIDENCE</u>	State <u>RI</u>	City <u>NORTH PROVIDENCE</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02904</u>	
Secretary Name <u>NICOLE ASANTE</u>		Treasurer Name <u>EMMANUEL ANTWI</u>	
Street Address <u>1 TANGLEWOOD LANE</u>		Street Address <u>66 BUENA VISTA DRIVE</u>	
City <u>NORTH PROVIDENCE</u>	State <u>RI</u>	City <u>ATTLEBORO</u>	State <u>MA</u>
Zip <u>02904</u>		Zip <u>02703</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>NICOLE ASANTE</u>		Director Name <u>EMMANUEL ANTWI</u>	
Street Address <u>1 TANGLEWOOD</u>		Street Address <u>66 BUENA VISTA DRIVE</u>	
City <u>NORTH PROVIDENCE</u>	State <u>RI</u>	City <u>ATTLEBORO</u>	State <u>MA</u>
Zip <u>02904</u>		Zip <u>02703</u>	
Director Name <u>KWBENA ASANTE</u>		Director Name <u>SABINA ASANTE</u>	
Street Address <u>1 TANGLEWOOD LANE</u>		Street Address <u>1 TANGLEWOOD LANE</u>	
City <u>NORTH PROVIDENCE</u>	State <u>RI</u>	City <u>NORTH PROVIDENCE</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02904</u>	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <u>[Signature]</u>			Date <u>06-04-18</u>
Signature of Officer/Authorized Representative <u>[Signature]</u> SIGN <u>[Signature]</u>			FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040

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