State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual	Report f	or the	year:
Non-Pro	ofit Corp	oration	า

-> Filing period: June 1 - June 30

→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

Penany. Additional \$25.00 lee it i	offit is flot filed by Suly 30.			
1. Entity ID Number	2. Exact name of the Corporation			
~ 160 X1132-	GHANA LIFE LINE FOUNDATION			
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island			
2. —	ORGANIZE GHANATANS AND FRIENDS TO DONATE			
4. NAICS Code	TOWARDS FREE AMBULANCE SERVICES IN GHANA			
813219				
6. Principal Office Address		City	State Zip	
807 broad street # 121		Providence	27 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment				
President Name KWASI ASANTE		Vice-President Name SABINA ASANTE		
Street Address 1 TANGLEWOOD LANE		Street Address 1 TANGLEWOOD LANE		
City NORTH PROVIDENCE		NORTH PROVIDENCE		
Secretary Name NICOLE ANAMTE		Treasurer Name EMMANUEL ANTWI		
Street Address TAN GLEWOOD LANE		Street Address 66 BUENA VISTA DRIVE		
City NORTH PROVIDENCE		City ATTLEBORD	StateMA Zip 02703	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment				
Director Name NICOLE ASANTE		Director Name EMM ANUEL	ANTWI	
Street Address		66 BUENA VISTA DRIVE		
CITY NORTH PROVIDENCE	State Zip 02-904	City ATTLEBORO	State MA Zip 02703	
Director Name KWBENA	Discording Many -		E	
1 TANGLEWOOD LANE		Street Address LANE		
CITY NORTH PROVIDENCE	State Zip 02-904	CITY NORTH PROVIDENCE	State 2 T Zip 0 2 9 0 4	
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			Date 06-04-18	
Signature of Officer/Authorized Representative SIGN SIGN			FILED	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

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