



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2018
~~2017~~

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

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1. Entity ID No. 162636		2. Exact name of the Corporation Miss Liberia USA	
3. State of Incorporation R.I		4. Brief description of the character of business conducted in Rhode Island Liberian and African Beauty Pageants	
5. Principal office address 16 Miller Ave Ste 1A		City Providence	State R.I
		Zip 02905	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Nellie S. Francis		Vice-President Name Krystal W. Savice	
Street Address 16 Miller Avenue		Street Address 16 Miller Avenue	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
Secretary Name Winston N. Savice		Treasurer Name Suzanne A.M. Savice	
Street Address 16 Miller Avenue		Street Address 16 Miller Avenue	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Nellie S. Francis		Director Name Krystal Savice	
Street Address 16 Miller Avenue		Street Address 16 Miller Ave	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
Director Name Theresa N. Francis		Director Name	
Street Address 16 Miller Avenue		Street Address	
City Providence	State RI	City	State
Zip 02905		Zip	
8. REGISTERED AGENT IN RHODE ISLAND <u>Nellie S. Francis</u>			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED

File Date: JUN 27 2018
 Check No: BY 333735
 By: _____
 FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer or Authorized Representative: [Signature] Date: _____
 Print or Type Name of Officer or Authorized Representative: **PRESIDENT**