



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

Annual Report for the year:
Non-Profit Corporation

2018

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 JUN 27 PM 3:21

1. Entity ID Number 990-323		2. Exact name of the Corporation Filles D Afrique FA Daughters of Africa	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Social and advocacy services in behalf of desvantages young females in the central east Africa.	
4. NAICS Code 813319 - Other Social Advoc			
6. Principal Office Address 3073 Pawtucket Ave		City Riverside	State RI
		Zip 02915	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Sharonrose Lukusa		Vice-President Name Mark Gordon	
Street Address 3073 Pawtucket Ave		Street Address 4 Rose Mount LN	
City Riverside	State RI	City Westerly	State RI
Zip 029015		Zip 02891	
Secretary Name Rebecca Kabamba		Treasurer Name Gedeon Kabamba	
Street Address 1710 Broad Street Apt 1		Street Address 1710 Broad Street Apt 1	
City Cranston	State RI	City Cranston	State RI
Zip 02905		Zip 02905	
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 Sharonrose Lukusa		Director Name Mark Gordon	
Street Address 3073 Pawtucket Ave		Street Address 4 Rosemount LN	
City iverside	State RI	City Westerly	State RI
Zip 029015		Zip 02891	
Director Name Rebecca Kabamba		Director Name	
Street Address 1710 Broad Street Apt 1		Street Address	
City Cranston	State RI	City	State
Zip 02905		Zip	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Luis D. Martinez		Date FILED 6/27/18	
Signature of Officer/Authorized Representative 			

MAIL TO:
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