

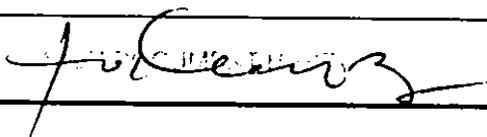


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

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

1. Entity ID Number 090-333		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	Zip 029015	City Westerly	State RI	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	Zip 02905	City Cranston	State RI	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	Zip 029015	City Westerly	State RI	Zip 02891
Director Name Rebecca Kabamba		Director Name			
Street Address 1710 Broad Street Apt 1		Street Address			
City Cranston	State RI	Zip 02905	City	State	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 				JUN 27 2018 333740 3:44	

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