



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 JUN 28 AM 8:30

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 133265		2. Exact name of the Corporation VIRGINIA ASSOCIATION OF LIBERIANS IN THE AMERICAS	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide humanitarian and charitable assistance to its members and to the residents of VIRGINIA, LIBERIA	
4. NAICS Code 624230			
6. Principal Office Address 27 MAWNEY Street		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Othello Capehart		Vice-President Name Naomi Capehart-Harmon	
Street Address 3305 S.E. 47th Street		Street Address 3327 Fairdale Rd.	
City OKC	State OK	City Philadelphia	State PA
	Zip 73135		Zip 19154
Secretary Name Zoe Kamara-Wilson		Treasurer Name Ealine Johnson	
Street Address 178 Key Parkway		Street Address 3921 Forest Dawn Ct.	
City Frederick	State MD	City Snellville	State GA
	Zip 21702		Zip 30039
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 Othello Capehart		Director Name Naomi Capehart-Harmon	
Street Address 3305 S.E. 47th Street		Street Address 3327 Fairdale Rd.	
City OKC	State OK	City Philadelphia	State PA
	Zip 73135		Zip 19154
Director Name Zoe Kamara-Wilson		Director Name	
Street Address 178 Key Parkway		Street Address	
City Frederick	State MD	City	State
	Zip 21702		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.			
<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 MARTHA MOORE		Date 6/28/18	
Signature of Officer/Authorized Representative <i>Martha Moore</i>		FILED JUN 28 2018	

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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