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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

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1. Entity ID Number 697513	2. Exact name o	f the Corporation 2	elopment 1	Clw	fer	స	
3. State of Incorporation		_	r of business conducted in		•	1 ad	
4. NAICS Code 624230			uding adv		`		
6. Principal Office Address 3 40 Lockwood	A.		Rondena		State	21p	
7. List ALL officers (names and addresses)					k the box to indica	te an attachment	
Prosident Name Chair Bernard Georges			Vice-President Name Shukuru Mbrgwa				
Street Address 295 Ont		· · · · · · · · · · · · · · · · · · ·			sy Ivana	Ave Aft	
City Providence	State R	Zip 02927	 	a	State 21	210 B7905	
a	Jean Mi	rhingabo			Prince		
Street Address 90 W/Sa	1 //	· -	Street Address 7 6 5	E	muood	Ave, AAI	
city Bouldence	State #/	Zic 87927	frovidence	e.	State R1	02907	
8. List ALL directors (names and ad	ddresses). RI Corp	orations MUST lis	t at least THREE directors		ck the box to indica	te an attachment	
Director Name Benata	Gover	25	Director Name SM	ikter	4 Me	igeva	
Street Address 295 On	,	17	Street Address				
City Bordence	State R(Zip 07907	cny Providenc		State R/	Zip 07907	
Director Name My 4 Je	an Muh	vugabo	Director Name To Lu	7 /	Prince		
Street Address 790 W	1804 S	7.	Street Address 265	Ell	4 wood	Aul AHI	
city providence	State 21	Zip 0 2987	City Providence	~	State R (Zip 07907	
Registered Agent in Rhode Islan	d. This information is	s currently of record	in the Department of State, C	hanges req	uire filing Form 641		
Under penalty of perjury, I declar statements, and that all statemen	re and affirm that nts contained her	I have examined ein are true and	this report, including an correct.	у ассотр	anying schedul	es and	
This report must be signed by either the Pres	sident, Vice-President, S	ecretary, Assistant Sec	retary, Treasurer, duly Authonzed	Representat	ve, Receiver or Truste	?e.	
Name of Officer/Authorized Repres	sentative M	PAR E	BAH		Date 08/30	118	
Signature of Officer/Authorized Rep	resentative		FI	LED	- .		
MAIL TO:	100	U	ALIO	• • • •			

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

Website: www.sos.n.gov

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FORM 631 - Revised: 11/2017