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

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CORPORATIONS DIV
2018 AUG 30 PM 4:02

**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: 1097513 | 2. Exact name of the Corporation: Refugee Development Center |
| 3. State of Incorporation: RI | 5. Brief description of the character of business conducted in Rhode Island: Direct Services for refugees and support including advocacy |
| 4. NAICS Code: 624230 | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 340 Lockwood St. | Providence | RI | 02907 |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | |
|---|---|---|---|
| President Name: Chair Bernard Georges | Vice-President Name: Shukuru Mbigwa | | |
| Street Address: 295 Ontario St., | Street Address: 43 Pennsylvania Ave. Apt | | |
| City: Providence / State: RI / Zip: 02907 | City: Providence / State: RI / Zip: 02905 | | |
| Secretary Name: Wright Jean Mukingabo | Treasurer Name: John Prince | | |
| Street Address: 90 Wilson St. | Street Address: 265 Elmwood Ave, Apt 1 | | |
| City: Providence / State: RI / Zip: 02907 | City: Providence / State: RI / Zip: 02907 | | |

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

| | | | |
|---|---|---|---|
| Director Name: Bernard Georges | Director Name: Shukuru Mbigwa | | |
| Street Address: 295 Ontario St | Street Address: 43 Pennsylvania Ave., Apt 1 | | |
| City: Providence / State: RI / Zip: 02907 | City: Providence / State: RI / Zip: 02907 | | |
| Director Name: Wright Jean Mukingabo | Director Name: John Prince | | |
| Street Address: 90 Wilson St. | Street Address: 265 Elmwood Ave Apt 1 | | |
| City: Providence / State: RI / Zip: 02907 | City: Providence / State: RI / Zip: 02907 | | |

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.***

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

| | |
|---|---|
| Name of Officer/Authorized Representative: OMAR BAH | Date: 08/30/18 |
| Signature of Officer/Authorized Representative: | **FILED** |

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

AUG 30 2018
BY: VYNCOM

FORM 631 - Revised: 11/2017