



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

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SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year:
Non-Profit Corporation

2019

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- 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 0072963		2. Exact name of the Corporation Friends Association of Pawtucket, Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island social organization	
4. NAICS Code 813319		Volunteer and Assist Community	
6. Principal Office Address 95 Carpenter Street		City Pawtucket	State RI Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Emmanuel Curtis		Vice-President Name marion Gbai	
Street Address 699 Weeden Street		Street Address 42 view Street	
City Pawtucket	State RI	Zip 02860	City Providence
State RI	Zip 02860	City Pawtucket	State RI
Secretary Name David S. Ballah		Treasurer Name E Ballah	
Street Address 95 Carpenter Street		Street Address 95 Carpenter Street	
City Pawtucket	State RI	Zip 02860	City Pawtucket
State RI	Zip 02860	City Pawtucket	State RI
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 David S. Ballah		Director Name Mangee Aha	
Street Address 95 Carpenter Street		Street Address 699 Weeden Street	
City Pawtucket	State RI	Zip 02860	City Pawtucket
State RI	Zip 02860	City Pawtucket	State RI
Director Name Cephas Logan		Director Name Shirley Johnson	
Street Address 217 Harrison Street		Street Address 33 1/2 Jane Street	
City Pawtucket	State RI	Zip 02860	City Pawtucket
State RI	Zip 02860	City Pawtucket	State RI
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 Emmanuel Curtis		Date 2/11/19	
Signature of Officer/Authorized Representative e/c			

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

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