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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019

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SECRETARY OF STATE
CORPORATIONS DIV

2019 FEB 11 AM 10: 19

Annual Report for the year:

Non-Profit Corporation

→ Filing period: June 1 - June 30

Filing Fee. \$20.00

3. State of Incorporation  Rhode 15/and  4. NAICS Code  813319  Thends Assist Community  Thends Assist Community	Penalty: Additional \$25.60 fee if form is not filed by July 30.					
3. State of Incorporation  RNOGE 15/And  4. NAICS Code  813319  5. Principal Office Address  95 Car Anter Street  City Jawtucket  Street Address  97. List All Lefficers (names and addresses)  President Name  Emmanuel  Cuy his  Street Address  98 Left State  Street Address  99 Left State  State  State  State  State  State  State  City How Left  State  City How State  City How Left  City How Left  State  City How Left  State  City How Left  State  City How Left  State  City How Lef	1. Entity ID Number	2. Exact name of the Corporation				
3. State of Incorporation  RNOGE 15/And  4. NAICS Code  813319  5. Principal Office Address  95 Car Anter Street  City Jawtucket  Street Address  97. List All Lefficers (names and addresses)  President Name  Emmanuel  Cuy his  Street Address  98 Left State  Street Address  99 Left State  State  State  State  State  State  State  City How Left  State  City How State  City How Left  City How Left  State  City How Left  State  City How Left  State  City How Left  State  City How Lef	0072963	Friends Association of Dawhicket. Inc.				
4. NAICS Code  813319  Volunteer and Assist Community  6. Principal Office Actives  95 Car Anter Street  Fresident Name  Marion Gloai  Street Address  1. List All Officers (names and addresses)  President Name  Marion Gloai  Street Address  1. List All Officers (names and addresses)  President Name  Marion Gloai  Street Address  1. List All Officers (names and addresses)  Street Address  1. List All Officers (names and addresses)  Street Address  1. List All Officers (names and addresses)  Street Address  1. List All Officers (names and addresses)  Street Address  1. List All Officers (names and addresses)  Street Address  1. List All Officers (names and addresses)  Street Address  1. List All Officers (names and addresses)  Street Address  1. List All Officers (names and addresses)  Street Address  1. List All Officers (names and addresses)  Street Address  1. List All Officers (names and addresses)  Street Address  1. List All Officers (names and addresses)  Street Address  1. List All Officers (names and addresses)  2. List All Officers (names and addresses)  3. List All Officers (names and addresses)  1. List All Officers (names and addresses)  2. List All Officers (names and addresses)  3. List All Officers (names and addresses)  1. List All Officers (names and addresses)	3. State of Incorporation					
8   33   9   Volunteer and Assist Community  6. Principal Office Address  7. List ALL Officers (names and addresses)  8. List ALL Officers (names and addr		Social organization				
6. Principal Office Address  7. List ALL Officer's (names and addresses)  7. List All Officer's (names and addresses)  Presiden Name  The Manuel  The Street Address  The Manuel  The Street Address  The Manuel  The Street Address  The Manuel  The			~	Communit	-પ	
7. List All officers (names and addresses)  7. Check the box to indicate an attachment of the power of the pow	6. Principal Office Address					
President Name Emmanuel Cuy fis   Vice-President Name marion Gba    Street Address   Logg Weaten Street   Street Address   A2 VIEW Street    City Pawtice   State R1   Zip D2806   City Particle College   State R1   Zip Secretary Name   Day			flutuclet	RI 1	02860	
Street Address 1999 Weaten Street Street Address 42 VIEW Street 4 City Providence State 21 Zip D2806 City Providence 22 Zip D2806 City Providence 22 Zip D2806 City Providence 23 Zip D2806 City Providence 24 Zip D2806 City	Silest the pox to more at all attentions					
City Pawhuket State 2 D2800 City How conce State 21 Zip  Secretary Name Day 2 S. Ballah Treasurer Name EM Ballah  Street Address 95 Carpenter Street State 2 Zip D2800 City Pawhuket State Changes require filing Form B41.  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 herain are true and correct.  This report must be signed by sither the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authonsed Representative Contained Representative Cut His Date 2 Zip D2800 Date 2 Zip D2	President Name EmManu	el Curtis	Vice-President Name Mai	rion Gba	ì	
State Procession of the property of the proper	Street Address 699 Lee		Street Address #	- 1	+	
Street Address 95 Carpenter St	City Pawtucket	State Zip 02860	City Providence	State	Zip	
City Tawacket State PT Zip 2860 City Pawacket State PT Zip 2860 Check the box to indicate an attachment Director Name David S. Ballah Director Name Mangel Aha Street Address 95 Capenter Ottet State PT Zip 2860 City Pawacket State PT Zip 2860 City Pawacket State PT Zip 2860 Director Name Cepnes Logan Director Name Shifley Johnson Street Address 2 17 Harri Son Ottet Street Address 33 3 Dane Street City Pawacket State PT Zip 2860 PT Zip 2860 City Pawacket 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, Tressure, duly Authorized Representative Pale President, Vice-President, Secretary, Assistant Secretary, Tressure, duly Authorized Representative Pale President, Secretary Assistant Secretary, Tressure, duly Authorized Representative Pale President, Vice-President, Secretary, Assistant Secretary, Tressure, duly Authorized Representative Pale President, Vice-President, Secretary, Assistant Secretary, Tressure, duly Authorized Representative Pale President, Vice-President, Secretary, Assistant Secretary, Tressure, duly Authorized Representative Pale Presentative Pale Presentative Pale Presentative Pale Presentative Pale Presentative Pale	Secretary Name	9. Ballah	Treasurer Name E	Ballah		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment Director Name Day of S. Ballah Director Name Mangel Aha  Street Address 90 Capener Street State To 2860 City Awhulet State T Zipogleo  Director Name Cepnes Logan Director Name Size T Zipogleo  Director Name Cepnes Logan Director Name Size T Zipogleo  Street Address 2 17 Harri 30n Ohtel Street Address 33 Jane Street  City Awhulet State T Zipogleo  Other Street Address 3 Jane Street  State T Zipogleo  Other Street Address Sale T Zipogleo  Street Address 3 Jane Street  City Awhulet State T Zipogleo  Other Street Address Sale T Zipogleo  Street Address Jane State T Zipogleo  Other State T Zipogleo  City Awhulet State T Zipogleo  Other 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, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative Date  Signature of Officer/Authorized Representative FEB 11 2019 10:19  MAIL TO:  Division of Business Services	Street Address 95 CW	Penter Street	Street Address 95 (ac	penter Stre	20+	
Director Name  Direct	City Lawrycket	State & T Zip D2860	City Pawtucket	State CT 2	ZipOLXK	
Street Address 95 Capenter Ottlet Street Address 699 Meleden Street  City Awhykat State I Zipozblo City Awhykat State I Zipozblo  Director Name Cepnos Logan  Street Address 2 17 Harri 50n Ottlet  City Awhykat State I Zipozblo City Awhykat State I Zipozblo  Street Address 2 17 Harri 50n Ottlet  City Awhykat State I Zipozblo City Awhykat State I Zipozblo  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, duty Authorized Representative  Emmany of Officer/Authorized Representative  MAIL TO:  Division of Business Services  The President Wice-President Wice-President Secretary Assistant Secretary. Treasurer, duty Authorized Representative  FEB 11 2019 10:19						
City How white the President, Vice-President, Secretary, Assistant Secretary, Trassurer, duly Authorized Representative  MAIL TO:  Director Name  State PI  Zip Dallo  City flow white the President of Control of Business Services  City Authorized Representative  City Authorized Representative  City Authorized Representative  City Control of Main and Control of City Authorized Representative  FEB 11 2019  10:19	Director Name David	5. Ballah	Director Name Mangel	211:		
Director Name Cephes Logan  Street Address 2 17 Harrison Ottel Street Address 33 15 Jane Ottel  City Authorized Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filting 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  Emmany of Curris  Signature of Officer/Authorized Representative  MAIL TO: Division of Business Services  This report must be signed by either the President Secretary assistant Secretary. Treasurer, duly Authorized Representative  FEB 11 2019 10:19	Street Address 95 Cape	Ner Otreet	Street Address 699 11	leeder Stre	ret	
Street Address 2 17 Harri Bon Oheel Street Address 33 1/2 Jane Sheet  City Druhucket State Rt Zip Ohe City Druhuket 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, Treesurer, duly Authorized Representative Pall 19  Signature of Officer/Authorized Representative FEB 11 2019 10:19  MAIL TO: Division of Business Services	City tawtucket	State Zip 02860			202860	
City Drywcket State Rt Zip Dafa City Drywket State Represented 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 Date  Name of Officer/Authorized Representative FILED  MAIL TO: Division of Business Services	Director Name Cephes	Logan	Director Name Shifley	1 Johnson	)	
State Rt Zip Oak to City Authorized Representative  Zip Oak to City Authorized Representative City Receiver in the Department of State. Changes require filing Form 641.  Zip Oak to City Authorized Representative State. Changes require filing Form 641.  Zip Oak to City Authorized Representative and correct.  This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee  Name of Officer/Authorized Representative  FEB 11 2019 10:19	Street Address 217 Ha	rrison Offeet	Street Address 33 1/2	lane Street	ļ	
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 Curis  FEB 11 2019  10:19	Mi whicket	At Vario	City Phwtucket	StateRI	Zip Od Slex	
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, duty Authorized Representative, Receiver or Trustee  Name of Officer/Authorized Representative  Emmanuel Cuits  Date  District To:  MAIL TO:  Division of Business Services						
Name of Officer/Authorized Representative  Emmanuel Curis  Signature of Officer/Authorized Representative  FILED  MAIL TO: Division of Business Services	statements, and that all statements contained herein are true and correct.					
Signature of Officer/Authorized Representative  MAIL TO: Division of Business Services  Emmanuel Curits  FILED  FEB 11 2019  10:19						
Signature of Officer/Authorized Representative  MAIL TO: Division of Business Services  FILED  FEB 1 2019 10:19	Emmanuel, Curtis 2/11/19					
Division of Business Services	Signature of Officer/Authorized Representative					
			FEB 11	2019 10:19		

Phone: (401) 222-3040 Website: www.sos.n.gov BY Cu R2024