

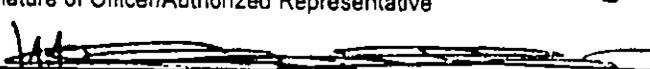


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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Annual Report for the year: 2019  
 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<br><b>883776</b>  |                    | 2. Exact name of the Corporation<br><b>Liberian Community Advocacy Union of Rhode Island (LUCARI)</b>   |                          |
| 3. State of Incorporation<br><b>R.I.</b>  |                    | 5. Brief description of the character of business conducted in Rhode Island<br><b>To assist and advocate for its members, Liberians and others in need in the 50 States of America.</b> |                          |
| 4. NAICS Code<br><b>813990</b>  |                    |   |                          |
| 6. Principal Office Address<br><b>16 Miller Avenue</b>  |                    | City<br><b>Providence</b>   | State<br><b>RI</b>       |
|   |                    | Zip<br><b>02905</b>   |                          |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |                          |
| President Name<br><b>Nellie S. Francis</b>  |                    | Vice-President Name<br><b>Suzmine A.M. Savice</b>   |                          |
| Street Address<br><b>16 Miller Avenue</b>   |                    | Street Address<br><b>16 Miller Avenue</b>   |                          |
| City<br><b>Providence</b>   | State<br><b>RI</b> | City<br><b>Providence</b>   | State<br><b>RI</b>       |
| Zip<br><b>02905</b>   |                    | Zip<br><b>02905</b>   |                          |
| Secretary Name<br><b>Bendu Massaquoi</b>  |                    | Treasurer Name<br><b>Krystal W. Savice</b>  |                          |
| Street Address<br><b>16 Miller Avenue</b>   |                    | Street Address<br><b>16 Miller Avenue</b>   |                          |
| City<br><b>Providence</b>   | State<br><b>RI</b> | City<br><b>Providence</b>   | State<br><b>RI</b>       |
| Zip<br><b>02905</b>   |                    | Zip<br><b>02905</b>   |                          |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>        |                    |   |                          |
| Director Name<br><b>Nellie S. Francis</b>   |                    | Director Name<br><b>Krystal W. Savice</b>   |                          |
| Street Address<br><b>16 Miller Avenue</b>   |                    | Street Address<br><b>16 Miller Avenue</b>   |                          |
| City<br><b>Providence</b>   | State<br><b>RI</b> | City<br><b>Providence</b>   | State<br><b>RI</b>       |
| Zip<br><b>02905</b>   |                    | Zip<br><b>02905</b>   |                          |
| Director Name<br><b>Winston N. Savice</b>   |                    | Director Name   |                          |
| Street Address<br><b>16 Miller Avenue</b>   |                    | Street Address  |                          |
| City<br><b>Providence</b>   | State<br><b>RI</b> | City  | State                    |
| Zip<br><b>02905</b>   |                    | Zip   |                          |
| 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.   |                    |   |                          |
| <b>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.</b> |                    |   |                          |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>                                   |                    |   |                          |
| Name of Officer/Authorized Representative<br><b>Nellie S. Francis</b>   |                    |   | Date<br><b>5-26-2019</b> |
| Signature of Officer/Authorized Representative<br>   |                    |   | <b>FILED</b>             |

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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