



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

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CORPORATIONS DIV

2019 JUN 20 AM 9:34

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 <u>72026</u>		2. Exact name of the Corporation <u>The United Brossa Association of Rhode Island (UBARI)</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>To establish a system of communication among Liberians and promote Reconciliation</u>	
4. NAICS Code <u>813319.</u>			
6. Principal Office Address <u>419 Pawtucket Ave</u>		City <u>Pawtucket</u>	State <u>RI</u> Zip <u>02860</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Sunnixaye E. Kelly</u>		Vice-President Name <u>Hilary Holder</u>	
Street Address <u>419 Pawtucket Ave</u>		Street Address <u>86 Dannel Ave</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u> Zip <u>02860</u>
Secretary Name <u>Morris Brown</u>		Treasurer Name <u>Hawa Vincent</u>	
Street Address <u>298 Dudley St</u>		Street Address <u>6 Katherine Drive</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u> Zip <u>02919</u>
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 <u>Jacob Myers</u>		Director Name <u>Milen King</u>	
Street Address <u>61 Plyton Street</u>		Street Address <u>143 Longwood Ave</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u> Zip <u>02908</u>
Director Name <u>Farue Kayateh</u>		Director Name <u>Farue Kayateh</u>	
Street Address <u>31 Daboll St</u>		Street Address <u>143 Longwood Ave</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02908</u>
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 <u>Sunnixaye E. Kelly, President</u>			Date <u>6/20/19</u>
Signature of Officer/Authorized Representative <u>[Signature]</u> FILED			

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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BY [Signature] MNKWC
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