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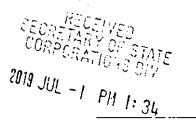
RI SOS Filing Number: 201900827320 Date: 7/1/2019 4:00:00 PM ate of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2019
Non-Profit Corporation	

→ Filing Fee: \$20.00

-> Penalty: Additional \$25,00 fee if form is not filed by July 30.



					<u></u> .		
Entity ID Number	2. Exact name of the Corporation						
1097513	Refugee	Refugee Development Center					
3. State of Incorporation	5. Brief descript	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Assisting in t	Assisting in the post-resettlement process of refugees in the state of Rhode Island.					
4. NAICS Code	1						
813311 - ''	,						
6. Principal Office Address	<u> </u>		City	State	Zip		
340 Lockwood Street			Providence	RI	02907		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Bernard Georges			Vice-President Name Vesta Grant				
Street Address 295 Ontario Street			Street Address 186 Bracken Street				
City Providence	State RI	Z _{ID})2907	City Cranston	State RI	Zip 02920		
Secretary Name Night Jean Muhingabo		Treasurer Name Rochelle Lee					
Street Address 90 Wilson Street			Street Address 172 Ontario Street				
City Providence	State RI	^{Zip} 02907	City Providence	State RI	^{Zip} 0290 7		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Omar Bah			Director Name Bernard Georges				
Street Address 73 Armington Ave			Street Address 195 Ontario Street				
City Providence	State RI	^{Zip} 02908	City Providence	State RI	Zip 0 2907		
Director Name 1/8549 GMat			Director Name ROCHEILE LEE				
Street Acdress 186 Bricken Street			Street Address 172 Ontan'o Street				
City CRASTON	State	Zip 02920	City ProVidence	State	ZIP OLYN T		
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 Repres	entative	C		Date 7/1/2019	-		
Signature of Officer/Authorized Representative							
SIGN DOCUMENT HERE FILED							
			1 1 mm				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 12019

1:3 FORM 631 - Revised: 06/2019