

**FILED**

JUL 08 2019

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

|  |                    |   |                    |
|--|--------------------|---|--------------------|
| 1. Entity ID No. <b>000506217</b>  |                    | 2. Exact name of the Corporation<br><b>B. W. I. National Alumni Association of North America</b>  |                    |
| 3. State of Incorporation<br><b>Georgia</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Fundraising among the membership and the general public to support educational projects on Booker Washington Institute in Kakata, Liberia, West Africa.</b> |                    |
| 5. Principal office address<br><b>84 Gallup Street</b>   |                    | City<br><b>Providence</b>   | State<br><b>RI</b> |
|  |                    | Zip<br><b>02905</b>   |                    |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |   |                    |
| President Name<br><b>Danlette F. Norris</b>  |                    | Vice-President Name<br><b>Momo J. Vezele</b>  |                    |
| Street Address<br><b>84 Gallup Street</b>  |                    | Street Address<br><b>44 Gallup Street</b>   |                    |
| City<br><b>Providence</b>  | State<br><b>RI</b> | City<br><b>44 Gallup Street</b>   | State<br><b>RI</b> |
| Zip<br><b>02860</b>  |                    | Zip<br><b>02905</b>   |                    |
| Secretary Name<br><b>Vida Hall</b>   |                    | Treasurer Name<br><b>Comfort Yengbeh</b>  |                    |
| Street Address<br><b>106 Homer Street</b>  |                    | Street Address<br><b>44 Venice Street</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>02908</b>   |                    |
| 7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |   |                    |
| Director Name<br><b>Harrington Evans</b>   |                    | Director Name<br><b>David S. Ballah</b>   |                    |
| Street Address<br><b>99 Washington Street</b>  |                    | Street Address<br><b>95 Carpenter Street</b>  |                    |
| City<br><b>Providence</b>  | State<br><b>RI</b> | City<br><b>Pawtucket</b>  | State<br><b>RI</b> |
| Zip<br><b>02895</b>  |                    | Zip<br><b>02860</b>   |                    |
| Director Name<br><b>Charles Youn</b>   |                    | Director Name<br><b>Wellington Hall</b>   |                    |
| Street Address<br><b>54 Fairview Avenue</b>  |                    | Street Address<br><b>106 Homer Street</b>   |                    |
| City<br><b>Pawtucket</b>   | State<br><b>RI</b> | City<br><b>Providence</b>   | State<br><b>RI</b> |
| Zip<br><b>02860</b>  |                    | Zip<br><b>02905</b>   |                    |
| 8. REGISTERED AGENT IN RHODE ISLAND  |                    |   |                    |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.  |                    |   |                    |

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

*Momo J. Vezele* 6/27/19  
 Signature of Officer or Authorized Representative Date

**Momo J. Vezele**

Print or Type Name of Officer or Authorized Representative