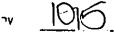
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

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

1. Entity ID No. R M &	2. Exact nai	ne of the Corporation			
000506217 ^d)	lational Alumni A	ssociation of North Americ	a	
3. State of Incorporation			of business conducted in Rhode Isl		
Georgia 813319	-	•	embership and the general ington Institute in Kakata, L	•	
5. Principal office address 84 Gallup Street			City Providence	State RI	Zip 02905
6. LIST ALL OFFICERS (N	AMES AND ADDF	ESSES) ("X" BOX FO	PR ATTACHMENT)		
President Name			Vice-President Name		
Danlette F. Norris			Momo J. Vezele		
Street Address			Street Address		
84 Gallup Street			44 Gallup Street		
City	State	Zip	City	State	Zip
Providence	RI	02860	44 Gallup Street	RI	02905
ecretary Name			Treasurer Name		
Vida Hall			Comfort Yengbeh		
Street Address			Street Address		
106 Homer Street			44 Venice Street		
City	State	Zip	City	State	Zip
Providence	RI	02905	Providence	Ri	02908
("X" BOX FOR ATTACHI Director Name		PRESSES). RHODE IS	LAND CORPORATIONS MUST LIS	ST NO LESS THAN	I THREE (3) DIRECTOR
Harrington Evans			David S. Ballah		
Street Address			Street Address		
9 Washington Street			95 Carpenter Street		
City	State	Zip	City	State	Zip
Providence	RI	02895	Pawtucket	RI	02860
Director Name			Director Name		
Charles Youn			Wellington Hall		
Street Address			Street Address		
54 Fairwiew Avenue			106 Homer Street		
City	State	Zip	City	State	Zip
Pawtucket	RI	02860	Providence	RI	02905
B. REGISTERED AGENT IN			······································		
This information is curren	tly of record in th	e Office of the Secret	ary of State. Changes require filing	Form 641.	
	y either the Presid		Under penalty of perjury, this report, including any and that all statements of	er, duly Authorized I declare and affired accompanying so	m that I have examine chedules and stateme
Check No			Signature of Officer or Auth	rele	6/22/19
FOR SECRETARY OF ST	ATE USE ONLY		/	,	
			Momo J. Vezele		
			Print or Type Name of Officer or Authorized Representative		

Form No. 631 Revised: 04/2014