FILED
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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

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.	2. Exact name of the Corporation
000506217	B. W. I. National Alumni Association of North America
3. State of Incorporation: Georgia 813319	4. Brief description of the character of business conducted in Rhode Island: Fundraising among the membership and the general public to support educational projects on Booker Washington Institute in Kakata, Liberia, West Africa.

5. Principal office address	City	State	Zip
84 Gallup Street	Providence	RI	02905

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Danlette F. Norris	84 Gallup Street	Providence	RI	02860

Vice-President Name	Street Address	City	State	Zip
Momo J. Vezele	44 Gallup Street	44 Gallup Street	RI	02905

Secretary Name	Street Address	City	State	Zip
Vida Hall	106 Homer Street	Providence	RI	02905

Treasurer Name	Street Address	City	State	Zip
Comfort Yengbeh	44 Venice Street	Providence	RI	02908

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Harrington Evans	99 Washington Street	Providence	RI	02895

Director Name	Street Address	City	State	Zip
David S. Ballah	95 Carpenter Street	Pawtucket	RI	02860

Director Name	Street Address	City	State	Zip
Charles Youn	54 Fairwiew Avenue	Pawtucket	RI	02860

Director Name	Street Address	City	State	Zip
Wellington Hall	106 Homer Street	Providence	RI	02905

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

Form No. 631
Revised: 04/2014

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 Vezele 6/22/19
Signature of Officer or Authorized Representative — Date

Momo J. Vezele
Print or Type Name of Officer or Authorized Representative