



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

Annual Report for the year: 2019

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee \$20.00

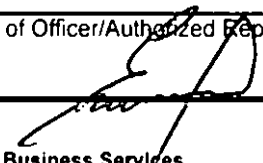
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 CORPORATIONS DIV

STAMP


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FOR
 SECRETARY OF STATE
 USE ONLY

1. Entity ID Number 143826		2. Exact name of the Corporation Susu Incorporated			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide quality financial solutions to its members			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address 257 Beachwood Drive			City Warwick	State RI	Zip 02818
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mohammed Y. Kuyateh			Vice-President Name Edward Morgan		
Street Address 10134 Loganberry Tr.			Street Address 257 Beachwood Dri.		
City Charlotte	State NC	Zip 28262	City Warwick	State RI	Zip 02818
Secretary Name Tetee S. Kuyateh			Treasurer Name Edward Morgan		
Street Address 10134 Loganberry Tr.			Street Address Same		
City Charlotte	State NC	Zip 28262	City	State	Zip
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 Mohammed Y. Kuyatey			Director Name Edward Morgan		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
Director Name Tetee S. Kuyateh			Director Name		
Street Address Same			Street Address		
City	State	Zip	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Edward W. Morgan				Date 7/25/2019	
Signature of Officer/Authorized Representative 					
SIGN DOCUMENT HERE FILED					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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BY  95PRR

FORM 631 - Revised: 06/2017