



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

Annual Report for the year:
Non-Profit Corporation

2019

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 NOV -5 AM 11:53

1. Entity ID Number 861062		2. Exact name of the Corporation Rhode Island Gambian Association	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Non-profit organization with an objective of advancing the Rhode Island Gambian community	
4. NAICS Code 813311			
6. Principal Office Address 111 Yorkshire St		City Providence	State RI Zip 02908
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name Lenny Nyabally		Vice-President Name Dennis Dboob	
Street Address 111 Yorkshire St		Street Address 99 Jeffers St	
City Providence	State RI	City Woonsocket	State RI Zip 02895
Secretary Name Mbye Jange		Treasurer Name Maden Jallow	
Street Address 30 Lawrence Street		Street Address 402 South Main Street	
City Cranston	State RI	City Woonsocket	State RI Zip 02895
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name Yanuba Jaha		Director Name Chile/Samba Jange	
Street Address 95 Huntington Ave		Street Address 30 Lawrence St	
City Woonsocket	State RI	City Cranston	State RI Zip 02920
Director Name Abdon Heiz		Director Name Babacar Gange	
Street Address 588 Willow St		Street Address 383 Evergreen Street	
City Woonsocket	State RI	City Pawtucket	State RI Zip 02861
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 Representative Lenny Nyabally			Date 10/25/19
Signature of Officer/Authorized Representative Lenny Nyabally			

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

FILED

NOV 05 2019

11:53

BY CH XSWBJ