

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

Amended 2819 DEC 20 PM 4: 27

-> Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25,00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of	f the Corporation	ABOUGN Heist	ZCE Wange	نة حمايات
001671798	and '	Empowe	African Hent ment (Attwo	EE)	n Zeulcarib
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
21	It empe	rves won	un and four ly	es in all all	as by
4. NAICS Code	to educa	e a riem	ork that promot	and advan	CSS and offer
813219	to educational, social and economic advancement of we and trymities it socies on themanitarian services by usualts platform to do meaningful work Through voluntarism				
60 Thurber Blvd			City	Lel State	Zip 02917
7. List ALL officers (names and addresses)				Check the bay to indicate	
President Name Etop OKOKON			Vice-President Name (avui Smart		
Street Address 60 Thur ber Blud			Street Address		
City Cornetts friel	State RI	Zip 32917	Ciby		Zip
Secretary Name			Treasurer Name		
Street Address			Street Address 45 Malvern St		
City	State	Zip	City Ruov	State	Zin
8. List ALL directors (names and ad	ldresses). RI Con	porations MUST lis	t at least THREE directors.		02904
Director Name Stop Okokon			Director Name Check the box to indicate an attachment Director Name CW Ct Ct SWC+		
Street Address 60 Thurber Blvc			Street Address 367 Oak Grove Avenue		
city Smithfield	State 21	zip02917	City C	Ney State A	Zip 277
Director Name Horo OKOKON			Director Name		
Street Address 45 Malvern Street			Street Address		
city Pro-V	State RT	zip 02904	City	State	Zip
9. Registered Agent in Rhode Islan	d. This information	is currently of record	in the Department of State. Char	nges require filing Form 641	
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 Pres	ident, Vice-President,	Secretary Assistant Sec	COTTECT.		
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 Date					
Signature of Officer/Authorized Rep				FILED	c
Etop Oforon C6			De Que	DEC 2 0 2019	
MAIL TO: Division of Business Services BY 4.27					

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

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