



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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 BUS SVCS DIV

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1. Entity ID Number 000148026		2. Exact name of the Corporation THE FOUNDATION FOR WEST AFRICA	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island RAISE AWARENESS AND FUNDS FOR COMMUNITY RADIO STATIONS IN WEST AFRICA	
4. NAICS Code 813211			
6. Principal Office Address 219 WASHINGTON ROAD		City BARRINGTON	State RI
		Zip 02806	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name CHRISTOPHER HAMBLETT		Vice-President Name M. LAMIN SARR	
Street Address 219 WASHINGTON ROAD		Street Address KERR SEREIGN	
City BARRINGTON	State RI	City KMC	State THE GAMBIA
	Zip 02806		Zip WEST AFRICA
Secretary Name		Treasurer Name BARBARA BADIO	
Street Address		Street Address 15 CARR STREET	
City	State	City PROVIDENCE	State RI
	Zip		Zip 02905
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 CHRISTOPHER HAMBLETT		Director Name M. LAMIN SARR	
Street Address 219 WASHINGTON ROAD		Street Address KERR SEREIGN	
City BARRINGTON	State RI	City KMC	State THE GAMBIA
	Zip 02806		Zip WEST AFRICA
Director Name		Director Name BARBARA BADIO	
Street Address		Street Address 15 CARR STREET	
City	State	City PROVIDENCE	State RI
	Zip		Zip 02905
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative CHRISTOPHER S. HAMBLETT			Date 1-31-2020
Signature of Officer/Authorized Representative 			FILED C

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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