

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Diession 100 North Main Street Providence, RI 92993-1335

401 222 3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. Corporate ID No. 2 Name of Corporation 133265 VIRGINIA ASSOCIATION OF LIBERIANS IN THE AMERICAS 3 State of Incorporation 4. Corporate address in Rivide Island Prov RHODE ISLAND Foreign corporation. Enter principal office address Cit_{Y} 6. Boref Description of the character of the affairs which are actually conducted in Rhode Island. SOCIO-ECONOMIC ORGANIZATION WITH GOALS AND PROGRAMS FORMULATED AND GEARED IN COMPLIANCE WITH RULES AND LAWS GOVERING INCORPORATIONS. CHARITABLE PURPOSES. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT). FILL IN SPACES BEFORE USING ATTACHMENTS President Same Vice President Name MARTH State Z_ip Cih CihCar21212 2120 MD W 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name $\sqrt{2}$ r OT_r Street Address Zip3135 OKlah Director Name Director Name Mr. Street Addire: Street Address State Citi State Providence RI 02909 9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 Address **MARTHA MOORE** Address Cit 111 27 MAWNEY STREET **PROVIDENCE** This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

133265	
File Date 11.09.05	
Check No 303/	-
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FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all tatements contained herein are true and correct

Martha Move Signature of Officer	
Signature of Officer	Date
MARTHA MOORE	
Print or Tone Name of Officer	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

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NON-PROFIT CO			PORT FOR TH	E YEAR _	2	004		
(FORM MUST BE TYPED OR PRI								
L Corporate ID No	2 Name of Corporation							
133265	VIRGINIA ASSOCIATION OF LIBERIANS IN THE AMERICAS							
3 State of Incorporation RHODE ISLAND	4. Corporate address in RI 27 MAWA	bode Island - Sirvet Address VEY STRE	ET	PROVID	ENCE	2111 02907		
5 Foreign corporation. Enter prin	icipal office address	•	City	State		Z(p		
			<u></u>	i				
5 Hrief Description of the character SOCIO-ECONOMIC ORGAL				IN COMPLIANCE	WITH BIH E	S AND I AWS		
GOVERING INCORPORATI			RINGERTED AND GEARED	THE COMPLIANCE	WITH ROLL	S AND EATTS		
7. NAMES AND ADDRESSE	S OF THE OFFICERS:	("X" BOX FOR ATTACH	MENT) [FILL IN SPACE	ES HEFORE USIN	IG ATTACHN	MENTS		
President Name				Vice President Name				
MARTHA MOORE		Charles Neal, ITI						
Sinvi Addins 27 MAWNEY STREET			3275 S. E. 55 St.					
Calv PROUIDENCE Secretary Name	State RI	21p	@Klahoma	City State		73135		
Scretary Name RUPEL MARSHALL			MARIE BROWN					
1028 C. Woodson RD			SINY Address 8141 Scotts Level Rd.					
City	State	Zip	85	State		Zip		
Baltimure	IMD	121212	Pikesville	WD		21208		
8. NAMES AND ADDRESSE								
THE NUMBER OF DIRECT	ORS OF A DOMESTIC	: (RHODE ISLAND) C	ORPORATION <u>SHAJJ. N</u> Director Name	<u>VOLBELESS LIL</u>	<u>on jijkee</u> ((3). K.I.G.L. 7-0-23		
Mrs. Antoinette Brooks		Rev. Othello Cafehart						
Since Address 134 Clay St	reet		3305 S.E.	47th St	reef			
Pawtucket	State RI	02860	OKlahoma C	ity OK		73135		
Mr. Joseph 1	Moore		Director Name					
Stavy Addinss 23 Steere Au) د ٠		Street Address					
PLONGENCE	State	1240 102909	City	State		Zip		
9. REGISTERED AGENT IN	RHODE ISLAND - De	O NOT ALTER - Chang	ges require filling of Fo	rm 641 - R.I.G.L	. 7-6-13 / 7-	6-78		
Agent Name			Address					
MARTHA MOORE					_	<u></u>		
Address			City		Zip			
27 MAWNEY STREET			PROVIDENCE		02907-	·		
This report must be	signed in ink by cith	er the President, Vice I	President, Secretary, Assis	stant Secretary, Ti	reasurer, Rec	eiver or Trustee		
* 1 3	3 2 6	5 *				at I have examined this statements, and that al		
File Date 8-0	23-04			ined herein are true				
	33-04 002		Signature of Office	_		Date		
Check No.	<u></u>	1		MOORE				
Ву:	Print or Type Name of Officer PRESIDENT							
FOR SECRETARY OF	STATE USE ONLY		1 162210	ENI				

Title of Officer