STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2020

Filing Period: June 1 - June 30 · This report must be typed or printed legibly.
Filing Fee: $20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the Corporation
883776	Liberian Community Association of Rhode Island (LCARI)
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI (813311)	To Promote & Explain Justice System, To Advocate Explaining Education & Legal Process. / Assist Ms

5. Principal office address	City	State	Zip
C/o Nellie Francis 16 Miller Avenue	Providence	RI	02905

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Nellie S. Francis	Krystal W. Savice
Street Address: 16 Miller Avenue	Street Address: 16 Miller Avenue
City: Providence State: RI Zip: 02905	City: Providence State: RI Zip: 02905
Secretary Name: Jazmine Savice	Treasurer Name: Winston Savice
Street Address: 16 Miller Avenue	Street Address: 16 Miller Avenue
City: Providence State: RI Zip: 02905	City: Providence State: RI Zip: 02905

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) - RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Nellie S. Francis	Jazmine Savice
Street Address: 16 Miller Avenue	Street Address: 16 Miller Avenue
City: Providence State: RI Zip: 02905	City: Providence State: RI Zip: 02905
Director Name: Krystal Savice	Director Name
Street Address: 16 Miller Avenue	Street Address
City: Providence State: RI Zip: 02905	City State Zip

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED
JUN 17 2020
BY

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.

[redacted] 6/12/2020
Signature of Officer or Authorized Representative Date

Nellie S. Francis
Print or Type Name of Officer or Authorized Representative

President

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY

Form No. 631
Revised: 04/2014