



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

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2020 JUN 23 PM 12:42

Annual Report for the year: 2020
 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.

1. Entity ID Number 514629		2. Exact name of the Corporation NEEZONIE Association in the Americas, INC	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island NEEZONIE Association hold her regular monthly meeting and teleconference to update members.	
4. NAICS Code 813319			
6. Principal Office Address			
street 37 Harrison		City Pawtucket	State R.I
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Tommy Soe		Vice-President Name MOSES T. GEE	
Street Address 37 Harrison St		Street Address 5755 N 59th Ave	
City Pawt	State R.I	City 2504, Glendale	State AZ
	Zip 02860		Zip 8520
Secretary Name Othello Taylor		Treasurer Name Deborah T. Johnson	
Street Address 2215 South 67th Street		Street Address 3402 Aurora Lane Apt	
City Philadelphia	State PA	City Gwynn Oak	State MD
	Zip 19142		Zip 2120
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 Amos T. Boway		Director Name Emma D. Flahn	
Street Address 452 Purple leaf Lane		Street Address 117 Walnut street	
City Rochester	State Ny	City Darby	State PA
	Zip 14624		Zip 1902
Director Name Joseph R. Kpannah		Director Name Alexander T. Tarlue	
Street Address 2215 South 67th Street		Street Address 1914 Ironwood Lane	
City Philadelphia	State PA	City Bensalem	State PA
	Zip 19142		Zip 1902
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 Tommy Soe			Date 06/23/20
Signature of Officer/Authorized Representative 			FILED

JUN 23 2020

BY AVEQE
A.A.