RI SOS Filing Number: 202043711080 Date: 6/29/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED

JUN 26 2020

BY 1042 05

1. Entity ID Number	2. Exact name of the Corporation
506217	**RI Charpter-BWI Alumni Assocation of North America**
3. State of Incorporation: **Georga**	5. Brief description of the character of business conducted in Rhode Island: **Non-Profit 501(C) 3 Organization, Raise Fund to help rebuild the Booker Washington Institue. (B.W.I.)**
4. NAICS Code: **813319 - Other Social Adv**	

6. Principal Office Address	City	State	Zip
84 Gallup Street	**Providence**	**R.I.**	**02905**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Danlette F. Norris**			Vice-President Name **Momo J. Vezele**		
Street Address **84 Gallup Street**			Street Address **44 Gallup Street**		
City **Providence**	State **R.I.**	Zip **02905**	City **Providence**	State **R.I.**	Zip **02905**
Secretary Name **Vida Hall**			Treasurer Name **Comfort Yengbeh**		
Street Address **106 Homer Street**			Street Address **44 Venice Street**		
City **Providence**	State **R.I.**	Zip **02905**	City **Providence**	State **R.I.**	Zip **02908**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name **Charles P. Youn**			Director Name **David S. Ballah**		
Street Address **214 Roosevelt ave.**			Street Address **95 Carpenter Street**		
City **Pawtucket**	State **R.I.**	Zip **02860**	City **Pawtucket**	State **R.I.**	Zip **02860**
Director Name			Director Name **Willis Dunbar**		
Street Address			Street Address **171 Gallatin Street**		
City	State	Zip	City **Providence**	State **R.I.**	Zip **02907**

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	Date
Vida Hall	**06/24/2020**

Signature of Officer/Authorized Representative: Vida Hall 06/24/2020

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 06/2019