



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

FILED

JUN 22 2020

Annual Report for the year: 2020
 Non-Profit Corporation

BY J.S.B.
JA

- 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 <u>69891</u>	2. Exact name of the Corporation <u>VIRGINIAN ASSOCIATION OF Rhode Island</u>
3. State of Incorporation <u>RI</u>	5. Brief description of the character of business conducted in Rhode Island <u>non profit activities</u>
4. NAICS Code <u>813319</u>	

6. Principal Office Address <u>27 MAXNEY STREET</u>	City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02907</u>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <u>MARSHA MOORE</u>	Vice-President Name <u>ISAAC DENNIS</u>
Street Address <u>27 MAXNEY STREET</u>	Street Address <u>100 AURIFER STREET</u>
City <u>PROVIDENCE</u> State <u>RI</u> Zip <u>02907</u>	City <u>PAWTUCKET</u> State <u>RI</u> Zip <u>02880</u>
Secretary Name <u>ANTIONETTE KAI</u>	Treasurer Name <u>ALFRED YARKWIEH</u>
Street Address <u>60 CLAY STREET</u>	Street Address <u>95 BENEDICT STREET</u>
City <u>PAWTUCKET</u> State <u>RI</u> Zip <u>02880</u>	City <u>PROVIDENCE</u> State <u>RI</u> Zip <u>02907</u>

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

Director Name <u>CHRIS BROOKS</u>	Director Name <u>TONIA D. LAHRDGE</u>
Street Address <u>18 BURNS STREET</u>	Street Address <u>16 GEMINI DRIVE</u>
City <u>N. PROVIDENCE</u> State <u>RI</u> Zip <u>02904</u>	City <u>EASTPROV.</u> State <u>RI</u> Zip <u>02914</u>
Director Name <u>NATHAN BIAH</u>	Director Name <u>HENRIETTA JETT</u>
Street Address <u>120 METCALF STREET</u>	Street Address <u>29 MAXNEY STREET</u>
City <u>PROVIDENCE</u> State <u>RI</u> Zip <u>02904</u>	City <u>PROVIDENCE</u> State <u>RI</u> Zip <u>02907</u>

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 <u>ALFRED YARKWIEH</u>	Date <u>6-24-20</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>	

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