State of Rhode Island
**Department of State - Business Services Division**

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BUSINESS DIV
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**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 | 2. Exact name of the Corporation |
|---|---|
| 000799718 | Destiny Africa Youth Empowerment Program |
| 3. State of Incorporation: RI | 5. Brief description of the character of business conducted in Rhode Island: Empowering underprivilege youth in Africa with Quality Education |
| 4. NAICS Code: 813319 | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 156 Clark Ave | Cranston | RI | 02920 |

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

| President Name | Vice-President Name |
|---|---|
| Jarty Wleh | Christopher Wleh |
| Street Address: 156 Clark Ave | Street Address: 156 Clark Ave |
| City: Cranston, State: RI, Zip: 02920 | City: Cranston, State: RI, Zip: 02920 |
| Secretary Name: None | Treasurer Name: None |
| Street Address | Street Address |
| City, State, Zip | City, State, Zip |

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

| Director Name | Director Name |
|---|---|
| Victoria | Christopher Wleh |
| Street Address | Street Address: 156 Clark Ave |
| City: Providence, State: RI, Zip: 02 | City: Cranston, State: RI, Zip: 02920 |
| Director Name: George N'Todo | Director Name |
| Street Address: 161 Stanwood St | Street Address |
| City: Providence, State: RI, Zip: 02907 | City, State, Zip |

9. The Registered Agent information of record with the RI Department of State is accurate. 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: Jarty Wleh — Date: 1/10/21

Signature of Officer/Authorized Representative: Jarty Wleh

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**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: 08/2020**