State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: ~~2019~~ 2021
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
000738779	AAM Global Mission Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: ~~Bapt~~ Public charity - provide help to the homeless (food, clothing), work with widows and orphans in other nations.
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
4 Hidden Valley Lane	Lincoln	RI	02865

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

President Name	Vice-President Name
Andrew Mangeni	Allan Mulondo
Street Address: 4 Hidden Valley Lane	Street Address: 13 Lamalfa Road
City: Lincoln State: RI Zip: 02865	City: Randolph State: NJ Zip: 07869
Secretary Name	**Treasurer Name**
Anna Mangeni	Anna Mangeni
Street Address: 4 Hidden Valley Lane	Street Address: 4 Hidden Valley Lane
City: Lincoln State: RI Zip: 02865	City: Lincoln State: RI Zip: 02865

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
Andrew Mangeni	Anna Mangeni
Street Address: 4 Hidden Valley Lane	Street Address: 4 Hidden Valley Lane
City: Lincoln State: RI Zip: 02865	City: Lincoln State: RI Zip: 02865
Director Name: Allan Mulondo	Director Name: Irene Mukungu
Street Address: 13 Lamalfa Road	Street Address: 13 Lamalfa Road
City: Randolph State: NJ Zip: 07869	City: Randolph State: NJ Zip: 07869

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	Date
Anna M. Mangeni	3/8/2021

Signature of Officer/Authorized Representative

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

FILED 9:50
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BY JB 22EQW

FORM 631 - Revised: 08/202