



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 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.

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 BUS SVCS DIV

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1. Entity ID Number <u>153016</u>		2. Exact name of the Corporation <u>The Liberian United Community Association of Rhode Island (RI)/US America for the Advancement of the People of Liberia (LUCAP) Inc</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To Advanced Business Just Causes, Education, Training, Culture, Advocacy etc.</u>	
4. NAICS Code <u>813311</u>			
6. Principal Office Address <u>16 Miller Ave,</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02905</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Nellie S. Francis</u>		Vice-President Name <u>Krystal W. Savice</u>	
Street Address <u>16 Miller Avenue</u>		Street Address <u>16 Miller Avenue</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02905</u>	
Secretary Name <u>Jasmine A. Savice</u>		Treasurer Name	
Street Address <u>16 Miller Avenue</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02905</u>		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 <u>Nellie S. Francis</u>		Director Name <u>Krystal W. Savice</u>	
Street Address <u>16 Miller Avenue</u>		Street Address <u>16 Miller Avenue</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02905</u>	
Director Name <u>Winston W. Savice</u>		Director Name	
Street Address <u>16 Miller Avenue</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02905</u>		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 <u>Nellie S. Francis</u>		Date <u>6/10/2021</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>			

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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

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