



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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1. Entity ID Number <b>153016</b>		2. Exact name of the Corporation <b>The Liberian United Community Association of Rhode Island (RI) / US America for the Advancement of the People Liberia (LUCAP) Inc</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>To Advanced Business Just Causes, Education, Training, Culture, Advocacy etc.</b>	
4. NAICS Code <b>813311</b>			
6. Principal Office Address <b>16 Miller Ave,</b>		City <b>Providence</b>	State <b>RI</b>
		City <b>Providence</b>	Zip <b>02905</b>
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Nellie S. Francis</b>		Vice-President Name <b>Krystal W. Savice</b>	
Street Address <b>16 Miller Avenue</b>		Street Address <b>16 Miller Avenue</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02905</b>		Zip <b>02905</b>	
Secretary Name <b>Jasmine A. Savice</b>		Treasurer Name	
Street Address <b>16 Miller Avenue</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02905</b>		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Nellie S. Francis</b>		Director Name <b>Krystal W. Savice</b>	
Street Address <b>16 Miller Avenue</b>		Street Address <b>16 Miller Avenue</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02905</b>		Zip <b>02905</b>	
Director Name <b>Winston W. Savice</b>		Director Name	
Street Address <b>16 Miller Avenue</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02905</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative <b>Nellie S. Francis</b>			Date <b>6/10/2021</b>
Signature of Officer/Authorized Representative 			

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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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