RI SOS Filing Number: 202198110170 Date: 6/10/2021 4:00:00 PM

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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JUN 10 A 9:04

1. Entity ID Number: 147764	2. Exact name of the Corporation: Action For Talent Association / Students (AFTSAS) INC
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To Advocate Talent Training, Domestic Mgt. After School Progams, Elderly, Youth, Education etc
4. NAICS Code: 81331	

6. Principal Office Address	City	State	Zip
C/O Nellie S Francis 16 Miller Avenue	Providence	RI	02905

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

President Name: Nellie S. Francis			Vice-President Name: Krystal W Savice		
Street Address: 16 Miller Avenue			Street Address: 16 Miller Avenue		
City: Providence	State: RI	Zip: 02905	City: Providence	State: RI	Zip: 02905
Secretary Name: Winston W Savice			Treasurer Name: JAzmine A. Savice		
Street Address: 16 Miller Avenue			Street Address: 16 Miller Avenue		
City: Providence	State: RI	Zip: 02905	City: Providence	State: RI	Zip: 02905

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

Director Name: Nellie S. Francis			Director Name: Krystal W. Savice		
Street Address: 16 Miller Avenue			Street Address: 16 Miller Avenue		
City: Providence	State: RI	Zip: 02905	City: Providence	State: RI	Zip: 02905
Director Name: Winston Savice			Director Name		
Street Address: 16 Miller Avenue			Street Address		
City: Providence	State: RI	Zip: 02905	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	Date
Nellie S. Francis	6/10/2021

Signature of Officer/Authorized Representative

FILED
JUN 10 2021
BY CH EDENA

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