



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.

FILED
 JUN 22 2021
 BY 120
 DS

1. Entity ID Number 00534858		2. Exact name of the Corporation Kingsville Community Action Group			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island A non-Profit Organization whose goal is to raise awareness within our Community to address the Socio-Economic needs of our Township in Liberia, West Africa.			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 106 Homer St.			City Providence	State R.I.	Zip 02905
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Philemon George		Vice-President Name Vida Hall			
Street Address 10616 Chambers Dr.		Street Address 106 Homer St.			
City Tampa	State FL.	Zip 33626	City Providence	State R.I.	Zip 02905
Secretary Name Danlette Norris		Treasurer Name Vida Hall			
Street Address 84 Gallup St.		Street Address 106 Homer St.			
City Providence	State R.I.	Zip 02905	City Providence	State R.I.	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Handerson Bennah		Director Name Josephine Wille			
Street Address 3423 Street Drive		Street Address 686 River Street			
City Johnson City	State TN	Zip 37604	City Boston	State MA	Zip 02126
Director Name		Director Name Julian Kollie			
Street Address		Street Address 100 Hill Street			
City	State	Zip	City Shelton	State CT	Zip 06484
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.					
<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 Vida Hall				Date 06/12/2021	
Signature of Officer/Authorized Representative <i>Vida Hall</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov