



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Non-Profit Corporation

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BUS SVCS DIV

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- 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 795644		2. Exact name of the Corporation Christmas Savings Club	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code 813110		To help with the financial problem of its members	
6. Principal Office Address 80 Progress Ave		City Providence	State RI
		Zip 02909	
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>			
President Name Makoya Troh		Vice-President Name	
Street Address 319 Lowell Ave		Street Address	
City Providence	State RI	City	State
Zip 02909		Zip	
Secretary Name Ben Dahn		Treasurer Name Nathan Madison	
Street Address 882 Simmons Street		Street Address 76 Bain Street	
City Providence	State RI	City Cranston	State RI
Zip 02909		Zip 02920	
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 Shedrick B. Gevetay		Director Name Godfrey Meniboon	
Street Address 80 Progress Ave		Street Address 950 Main Street Apt. 18	
City Providence	State RI	City Pawtucket	State RI
Zip 02909		Zip 02860	
Director Name James Mulbah		Director Name	
Street Address 91 Sission Street Apt. 1		Street Address	
City Pawtucket	State RI	City	State
Zip 02860		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.			
<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 Shedrick B. Gevetay			Date 6-28-21
Signature of Officer/Authorized Representative Shedrick B. Gevetay			

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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