

State of Rhode Island

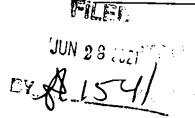
Department of State - Business Services Division

Annual Report for the year: **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	2. Exact name of the Corporation		
, 9 <u>3</u> au <u>a3</u>		DS ASSOCIATION	
3. State of Incorporation	5. Brief description of the character	r of business conducted in Rhode Is	land
4. NAICS Code	MONDROCT	-10-10	
523930	NONEPROFIT	ACTIVITIES	
6. Principal Office Address		City	State Zip
27 CLYM	SIREET	PROVIDENCE	R1 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment			
President Name A LFRED	VATONIEH	Vice-President Name	ETTA JETT
Street Address 95 BENE	DICTERRET	Street Address 29 MA	KINEV STRFFT
CHY PROVIDENCE	State R1 Zip 25907	CHPROVIDENCE	State R / Zip/29/17
Secretary Name COMPOR	1 YENGBEH	Treasurer Name EMMA	MUBL HIMPE
Street Address 44 VEA	ICE STREET	Street Address 27 CLY	M STREET
CON PROVIDENCE	State R/Zip 09908	ON PROVIDENCE	State 7 Zip/20/X
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.			
Director Name 71/1 X	11.01.17.		* the box to indicate an attachment
Street Address 60 'A to 10.1	MUCBAH	Director Name BEATRICE	E LORLEY
CITY STANDERS	NEY SILELI	Street Address 4 LEE	AVE
- MUMINENCE	State 7/ Zip 00907	City N. PROV.	Starte R / Zip 0390V
Director Name DAV/73	BAUNH	Director Name ALVIN ?	BARCHUE
Street Address 95 CAT	PENTER STREET	Street Address 27 MAX	WEYSTREET
PARIUCICII	State R Zap 0 866	CHPROVIDENCE	State 7 Zip 2977
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			
AURED YARWEH Signaffure of Officer/Authorized Representative 6-24-2			
MUMAN CHI			
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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.n.gov