



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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BUS SVCS DIV

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1. Entity ID Number <b>001674915</b>		2. Exact name of the Corporation <b>Unchanging Hand Services Inc.</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>have not yet started business but will be promoting educational forum to community boys and girls.</b>	
4. NAICS Code <b>624110</b>			
6. Principal Office Address <b>7 Huron St.</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02908</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>Jebbeh F. JANGABA</b>		Vice-President Name <b>Ada Smith</b>	
Street Address <b>7 Huron St</b>		Street Address <b>Admore St</b>	
City <b>Prov.</b>	State <b>RI</b>	City <b>Prov.</b>	State <b>RI</b>
Zip <b>02908</b>		Zip <b>02908</b>	
Secretary Name <b>Massa Kromah</b>		Treasurer Name <b>Miaffa Griffith</b>	
Street Address <b>156 Melissa St.</b>		Street Address <b>1720 Champion Circle</b>	
City <b>Prov.</b>	State <b>RI</b>	City <b>Virginia beach</b>	State <b>VA</b>
Zip <b>02909</b>		Zip <b>23456</b>	
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>Regina Soale</b>		Director Name <b>Lazarus Umoh</b>	
Street Address <b>420 Union Ave.</b>		Street Address <b>99 Camp St.</b>	
City <b>Prov.</b>	State <b>RI</b>	City <b>Prov.</b>	State <b>RI</b>
Zip <b>02909</b>		Zip <b>02908</b>	
Director Name <b>Jerry Balon</b>		Director Name	
Street Address <b>Pawtucket, RI</b>		Street Address	
City <b>Pawtucket</b>	State <b>RI</b>	City	State
Zip <b>02862</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>G. S. Jangaba</b>			Date <b>6/30/21</b>
Signature of Officer/Authorized Representative <b>Jebbeh F. Jangaba</b>			

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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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BY CM7HKBJ FORM 631 - Revised: 08/2020  
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