



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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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 JUL 19 P 1:19

1. Entity ID Number 001679877		2. Exact name of the Corporation The New England Downtown Alliance, Inc	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Personal and Business Services, including but not limited to all lawful acts and activities for which an entity may be formed, except expressly limited	
4. NAICS Code 813910			
6. Principal Office Address 39 Ridge Blvd		City East Granby	State CT
		Zip 06026	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name K. Adam Yeboah		Vice-President Name Cheryl L. Yeboah	
Street Address 39 Ridge Blvd		Street Address 39 Ridge Blvd	
City East Granby	State CT	City East Granby	State CT
Zip 06026		Zip 06026	
Secretary Name Kwame Yeboah		Treasurer Name Victoria Yeboah	
Street Address 39 Ridge Blvd		Street Address 39 Ridge Blvd	
City East Granby	State CT	City East Granby	State CT
Zip 06026		Zip 06026	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name K. Adam Yeboah		Director Name Cheryl L. Yeboah	
Street Address 39 Ridge Blvd		Street Address 39 Ridge Blvd	
City East Granby	State CT	City East Granby	State CT
Zip 06026		Zip 06026	
Director Name Kwame Yeboah		Director Name Victoria Yeboah	
Street Address 39 Ridge Blvd		Street Address 39 Ridge Blvd	
City East Granby	State CT	City East Granby	State CT
Zip 06026		Zip 06026	
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 K. Adam Yeboah			Date 7/19/21
Signature of Officer/Authorized Representative Can			

FILED

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BY **Ca DIKSA**

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