State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
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	2. Exact name of the Corporation
001679877	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 limit
4. NAICS Code: 813910	

6. Principal Office Address	City	State	Zip
39 Ridge Blvd	East Granby	Ct	06026

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
K. Adom Yeboah	39 Ridge Blvd	East Granby	Ct	06026

Vice-President Name	Street Address	City	State	Zip
Cheryl L Yeboah	39 Ridge Blvd	East Granby	Ct	06026

Secretary Name	Street Address	City	State	Zip
Kwame Yeboah	39 Ridge Blvd	East Granby	Ct	06026

Treasurer Name	Street Address	City	State	Zip
Victoria Yeboah	39 Ridge Blvd	East Granby	Ct	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	Street Address	City	State	Zip
K. Adom Yeboah	39 Ridge Blvd	East Granby	Ct	06026

Director Name	Street Address	City	State	Zip
Cheryl L Yeboah	39 Ridge Blvd	East Granby	Ct	06026

Director Name	Street Address	City	State	Zip
Kwame Yeboah	39 Ridge Blvd	East Granby	Ct	06026

Director Name	Street Address	City	State	Zip
Victoria Yeboah	39 Ridge Blvd	East Granby	Ct	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	Date
K. Adom Yeboah	7/19/21

Signature of Officer/Authorized Representative

FILED

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 DIKSA
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FORM 631 - Revised: 08/2020