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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

2022 APR 26 A 8:50

Annual Report for the year: 2022
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.

1. Entity ID Number 153016		2. Exact name of the Corporation The Liberian United Community Association of Rhode Island (RI/US/America For the Advancement of the New Liberia)			
3. State of Incorporation R.I		5. Brief description of the character of business conducted in Rhode Island Advance Business Just Cause - Education Training, Cultural Advancement, Training Advocacy, Domestic & Foreign Economic Affairs, Health, Vocational			
4. NAICS Code 813311					
6. Principal Office Address 16 Miller Avenue			City Providence	State RI	Zip 02905
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nellie S. Francis			Vice-President Name Suzmine A.M. Savice		
Street Address 16 Miller Avenue			Street Address 16 Miller Avenue		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Bendu Massquoi			Treasurer Name Krystal W. Savice		
Street Address 16 Miller Avenue			Street Address 16 Miller Avenue		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
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 Nellie S. Francis			Director Name Krystal W. Savice		
Street Address 16 Miller Avenue			Street Address 16 Miller Avenue		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Director Name Winston N. Savice			Director Name		
Street Address 16 Miller Avenue			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Nellie S. Francis				FILED	Date 4-6-2022
Signature of Officer/Authorized Representative <i>[Signature]</i>				BY WTSS 8:50	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov