



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

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1. Entity ID Number 95 795644		2. Exact name of the Corporation CHRISTMAS SAVING CLUB	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code 813110		TO help with financial problem of its member	
6. Principal Office Address 80 progress AVE		City Providence	State RI
		Zip 02909	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Melvin Meniboss		Vice-President Name Makoya Truh	
Street Address 80 progress AVE		Street Address 319 Lowell Ave	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Secretary Name Ben Dahn		Treasurer Name Nathan Madison	
Street Address 82 Simmons Street		Street Address 76 Bain Street	
City Providence	State RI	City Cranston	State RI
Zip 02909		Zip 02920	
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 Shedrick Geyetay		Director Name Fred Geyetay	
Street Address 80 progress Ave		Street Address 21 Woodman St	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Director Name James Mullbah		Director Name	
Street Address 91 Sisson St		Street Address	
City Pawtucket	State RI	City	State
Zip 02860		Zip	
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.			
<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 Shedrick Geyetay			Date 6-6-22
Signature of Officer/Authorized Representative Shedrick Geyetay			FILED

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