



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2021

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R.I. DEPT. OF STATE
BUS SVCS DIV

STAMP

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

2022 JUN -7 PM 12:42

1. Entity ID Number 11095483		2. Exact name of the Corporation The interior	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Mission: to create a self-sustaining ecosystem in west Africa & for west African diaspora	
4. NAICS Code 624190			
6. Principal Office Address 80 Mitchell street		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Nell Payne		Vice-President Name Amelia Lweh	
Street Address 80 Mitchell street		Street Address Old Town Road	
City Providence	State RI	City Monrovia	State Liberia
Zip 02907		Zip 10001	
Secretary Name Manie Manyago		Treasurer Name Likia Payne	
Street Address 1016 Dunhill Lane		Street Address 86 Russell Ave	
City Forney TX	State TX	City East Providence	State RI
Zip 75126		Zip 02914	
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 Wilfred Manyago		Director Name Eddie Beangar	
Street Address 1016 Dunhill Lane		Street Address College View Community	
City FORNEY	State TX	City Sanniquelle	State Liberia
Zip 75126		Zip 10001	
Director Name Pearce Lweh		Director Name Edith Payne	
Street Address Parker Point Community		Street Address 80 Mitchell street	
City Monrovia	State Liberia	City Providence	State RI
Zip 10001		Zip 02907	
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 Nell Payne			Date 6/7/22
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.n.gov

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