



State of Rhode Island

Department of State - Business Services Division

FILED

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BY 133

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Annual Report for the year: 2023
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.

1. Entity ID Number 000534858		2. Exact name of the Corporation Kingsville Community Action Group			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island A non-profit Organization whose goal is to raise awareness within our Community to address the Socio-Economic needs of our Township in Liberia, West Africa.			
4. NAICS Code 813319 - Other Social Advocacy <input type="checkbox"/>					
6. Principal Office Address 106 Homer Street		City Providence		State R.I.	Zip 02905
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Philemon George			Vice-President Name Vida Hall		
Street Address 10616 Chambers Dr.			Street Address 106 Homer St.		
City Tampa	State FL.	Zip 10616	City Providence	State R.I.	Zip 02905
Secretary Name Danlette Norris			Treasurer Name Vida Hall		
Street Address 84 Gallup St.			Street Address 106 Homer St.		
City Providence	State R.I.	Zip 02905	City Providence	State R.I.	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 Handerson Bennah			Director Name Josephine Wille		
Street Address 3423 Street Drive			Street Address 686 River St.		
City Johnson City	State TN	Zip 37604	City Boston	State MA	Zip 02126
Director Name Julian Kollie			Director Name		
Street Address 100 Hill St.			Street Address		
City Shelton	State Ct.	Zip 06484	City	State	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Vida Hall				Date 02/25/2023	
Signature of Officer/Authorized Representative Vida Hall				2/25/23	