



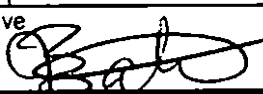
State of Rhode Island
Department of State - Business Services Division

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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 MAY 12 P 2: 56

1. Entity ID Number 1097513		2. Exact name of the Corporation Refugee Development Center			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Refugee Resettlement direct services and support			
4. NAICS Code 624230					
6. Principal Office Address 747 Broad St			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 Night Jean Muhingabo			Vice-President Name Lynne Crowell		
Street Address 90 Wilson St.			Street Address 200 Roger Williams Ave		
City Providence	State RI	Zip 02907	City Rumford	State RI	Zip 02916
Secretary Name Betty Thomasi			Treasurer Name Haval Elias		
Street Address 159 Russo St			Street Address 39 Prospect St.		
City Providence	State RI	Zip 02904	City Cranston	State RI	Zip 02910
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 Abel Ndungutse			Director Name Lisa Sanchez		
Street Address 60 Boringuen St.			Street Address 51 dePinedo St		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02904
Director Name Night Jean Muhingabo			Director Name		
Street Address 90 Wilson St			Street Address		
City Providence	State RI	Zip 02907	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 Dr. Omar Bah					Date 05/12/2023
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

MAY 12 2023
BY ML F7ASV