



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2023**

Non-Profit Corporation

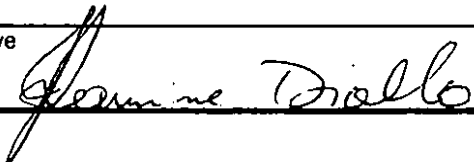
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 AUG 23 P 3:44

1. Entity ID Number 000203966		2. Exact name of the Corporation Guineans and Friends of Guinea of Rhode Island (GAFGORI-NIMBA)			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Our mission is to organize and strengthen the Guinean community in Rhode Island and the country of Guinea by building an infrastructure for economic, educational, social and cultural development. We will accomplish this without compromise to our community, environment and values.			
4. NAICS Code 624190					
6. Principal Office Address 466 ADMIRAL STREET		City PROVIDENCE		State RI	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name SEKOU KEITA			Vice-President Name Asmirou Diallo		
Street Address 48 Comstock street Pawtucket RI 02860			Street Address 150 Shawnut Avenue		
City Pawtucket	State RI	Zip 02860	City Centrel Falls	State RI	Zip 02895
Secretary Name DINSEY DOUMBOUYA			Treasurer Name LAMINE DIALLO		
Street Address 529 Douglas Ave			Street Address 139 Seamans street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name THIERNO BAH			Director Name KARIM SOW		
Street Address 466 Admiral Street			Street Address 12 Freese Street 02928		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name SEKOU CAMARA			Director Name MOHAMED LAMINE SANOH		
Street Address 81 Arthur street			Street Address 33 Owen street		
City Pawtulect	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative LAMINE DIALLO					Date 08/22/2023
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govAUG 23 2023
BY ml 1069

FORM 631 - Revised: 08/2020