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.

RECEIVED STAMP
R.I. DEPT. OF STATE
BUS SVCS DIV
2023 AUG 23 P 3:44

1. Entity ID Number	2. Exact name of the Corporation
000203966	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	City	State	Zip
466 ADMIRAL STREET	PROVIDENCE	RI	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: Pawtukect	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	Date
LAMINE DIALLO	08/22/2023

Signature of Officer/Authorized Representative: Lamine Diallo

FILED
AUG 23 2023
BY ML 1069

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov