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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BUS SVCS DIV
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1. Entity ID Number	2. Exact name of the Corporation
1680785	Boseka refuge driving girl
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: we help to teaching refugee and immigrants our to drive, assisting them in gaining theire license and helping them to get transportation
4. NAICS Code: 3226	

6. Principal Office Address	City	State	Zip
121 providence St	Woonsocket	RI	02895

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: James Kaskile muyenga			Vice-President Name: niya kashindi		
Street Address: 121 providence St			Street Address: 121 providence St		
City: Woonsocket	State: RI	Zip: 02895	City: Woonsocket	State: RI	Zip: 02895
Secretary Name: Sawasawa mulao			Treasurer Name: Siga james		
Street Address: 92 Georgia Av			Street Address: 121 providence St		
City: Providence	State: RI	Zip: 02905	City: ~~Providence~~ Woonsocket	State: RI	Zip: 02895

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: James Kaskile muyenga			Director Name: niya kashindi		
Street Address: 121 providence St			Street Address: 121 providence St		
City: Woonsocket	State: RI	Zip: 02895	City: Woonsocket	State: RI	Zip: 02895
Director Name: Sawasawa mulao			Director Name: Siga James		
Street Address: 92 georgia Av			Street Address: 121 providence St		
City: Providence	State: RI	Zip: 02905	City: Woonsocket	State: RI	Zip: 02895

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
James kaskile muyenga	9/22/2023

Signature of Officer/Authorized Representative: James Kaskile muyenga

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

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FORM 631- Revised: 04/2023