RI SOS Filing Number: 202342912890 Date: 11/24/2023 2:35:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2027 Non-Profit Corporation → Filing period: February 1 - May 1 → Filing Fee: \$20.00		RECEIVED P. I. DEPT. OF STA DUS SVOS FILE		
→ Penalty: Additional \$25.00 fee	if form is not filed by May 31.		2:	
1. Entity ID Number	2. Exact name of the Corporation	2013 1134 24		

- Penalty. Additional \$25.00 leg if	· · · · · · · · · · · · · · · · · · ·		": <u>5</u> 4			
1. Entity ID Number	2. Exact name of the Corporation 2013 NOV 24 D 7: 34					
001619811	The New England Downtown Alliance Inc					
State of Incorporation		r of business conducted in Rhode Isl		1		
KI		ton is involve	\sim			
4. NAICS Code	Gwarreness and involvement in Social,					
813910	receptional, c	while and su	stress e	ndern		
6. Principal Office Address		City	State	Zip		
39 Ridge	Brd	East Gransy	Ct	U6076		
7. List ALL officers (names and add	iresses)	Check the	box to indicate an a	ttachment		
President Name Kwadwo	A. Yesugh	Vice-President Name	L. Yes	かかり		
Street Address 39 Ridg	e RAVA	Street Address 39 Ridge	Blud			
City East Gransy	State Ct Zip 06026	City Sast Gransy	State C	2ip 06026		
Secretary Name Kwame		Treasurer Name	A. Yes	veh		
Street Address 39 Ridgs	- /	Street Address 39 Ridge				
cily East Granzy	State C	City East Gransy	State C+	2ip D6026		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Kwadwo	A- Yesorh	Director Name Chexul /	· Yebo	2 h		
Street Address 39 Ridge Boyd Street Address 39 Ridge		o RAND	2			
City Gast Gransy	State C	city South Granby	State (}	Zip		
Director Name 4 /	A/I \ I	Director Name	A. V.	106026		
Street Address 39 Ridge		Street Address 39 Ridge	A. Yeb	van		
City 🥕	State Zip	LCity C	State C L	Zio		
EAST Granby	CF 106026	2937 Gransy	5F 5 044	210 06026		
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, Treesurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Represe	entative A. Ye bush		Date 1//24/24	073		
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.gov **FILED**

NOV 2 4 2023 BYML HZ V FORM 631- Revised: 04/2023