State of Rhode Island
Department of State - Business Services Division

RECD R.I.S.O.S. BSD
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Annual Report for the year: 2024
Non-Profit Corporation
→ Filing period: ~~June 1 - June 30~~ Feb 1 - may 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by ~~July 30~~ may 31

1. Entity ID Number: 514629	2. Exact name of the Corporation: NEEZONIE Association in the Americans, INC
3. State of Incorporation: R.I	5. Brief description of the character of business conducted in Rhode Island: NEEZONIE Association hold her regular monthly meeting and teleconferences to up date members
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
Street: 37 Harrison	Pawtucket	R.I	02860

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

President Name: Tommy Soe			Vice-President Name: Moses T. Gee		
Street Address: 37 Harrison street			Street Address: 5255 North 59th Ave		
City: Pawtucket	State: R.I	Zip: 02860	City: 25204 Glendale	State: AZ	Zip: 85204
Secretary Name: Othello Tayley			Treasurer Name: Deborah Johnson		
Street Address: 2215 South 67th Street			Street Address: 3018 Willoughby Rd		
City: Philadelphia	State: PA	Zip: 19142	City: Parkville	State: MD	Zip: 21234

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

Director Name: Amos T. Boway			Director Name: Emma D. Flaho		
Street Address: 1409 NE Savana DR.			Street Address: 117 Walnut Street		
City: Grimes,	State: IA	Zip: 50111	City: Darby	State: PA	Zip: 19023
Director Name: Joseph R. Kpannah			Director Name: Alex G. Tarlue		
Street Address: 2215 South 67th street			Street Address: 1914 Ironwood Lane		
City: Philadelphia	State: PA	Zip: 19142	City: Bensalem	State: PA	Zip: 19020

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
Tommy Soe	

Signature of Officer/Authorized Representative: Tommy Soe

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
FEB 27 2024
BY ML DOV SCT

FORM 631 - Revised: 08/2020