



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

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.

FILED

MAR 25 2024

BY 149

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1. Entity ID Number 000861062		2. Exact name of the Corporation Rhode Island Gambian Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non profit organization with the objective of advancing thhe RI Gambians			
4. NAICS Code 813311					
6. Principal Office Address 12 Wenscott Lane		City North Providence		State RI	Zip 02904
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Yamou Jobe			Vice-President Name Oumie Mboob		
Street Address 12 Wenscott Lane			Street Address 99 Jeffers St		
City North Providence	State RI	Zip 02904	City Woonsocket	State RI	Zip 02895
Secretary Name Mbye Jagne			Treasurer Name Momodou Jallow		
Street Address 30 Lawrence St			Street Address 402 S. Main St		
City Cranston	State RI	Zip 02920	City Woonsocket	State RI	Zip 02895
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Yankuba Jah			Director Name Ramatoulie Sallah		
Street Address 95 Huntington Ave			Street Address 6 Dyer Court		
City Woonsocket	State RI	Zip 02895	City Danvers	State MA	Zip 01923
Director Name Mariam Kanteh			Director Name Maila Touray		
Street Address 17 Butterfly Way			Street Address 40 Victoria St		
City Lincoln	State RI	Zip 02865	City Providence	State RI	Zip 02908
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>Yamou Jobe</b>				Date <b>03232024</b>	
Signature of Officer/Authorized Representative 					

MAIL TO:  
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