



State of Rhode Island
Department of State - Business Services Division

RECD RID05 BSD
 2024 APR 15 15:30
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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.

1. Entity ID Number 000135992	2. Exact name of the Corporation AFRICAN ALLIANCE OF RHODE ISLAND (AARI)
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island To promote Unity within the local African Community.
4. NAICS Code 813319	

6. Principal Office Address 807 Broad St RM121	City Providence	State RI	Zip 02907
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Julius Kolawole			Vice-President Name Simon Gaudinary		
Street Address 242 Warrington St			Street Address 27 Vigilant St		
City Prov	State RI	Zip 02907	City Cranston	State RI	Zip 02920
Secretary Name Raphael Okelola			Treasurer Name Mak Falaye		
Street Address 2 DEVON ST			Street Address 60 Fallon Ave		
City Providence	State RI	Zip 02907	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 <input type="checkbox"/>					
Director Name Jim Vincent			Director Name Janelle Amoako		
Street Address 577 Scituate Av			Street Address 402 Webster Ave		
City Cranston	State RI	Zip 02927	City Cranston	State RI	Zip 02920
Director Name Kymara Mary-Owusu			Director Name Jackie Richards		
Street Address 9 Laurel St			Street Address 4 Ricci Drive		
City N. Providence	State RI	Zip 02911	City N. Providence	State RI	Zip 02911

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 Julius Kolawole	Date 4/15/2024
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Signature of Officer/Authorized Representative FILED