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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.

1. Entity ID Number 153016		2. Exact name of the Corporation The Liberian United Community Association of Rhode Island (RI/US) America for the Advancement of the New Liberia (CUCRI) To	
3. State of Incorporation R.I		5. Brief description of the character of business conducted in Rhode Island Advanced Business Just Cause - Education Training, Cultural Advancement, Training Advancement, Domestic & Foreign Economic Affairs, Health & Education	
4. NAICS Code 813311			
6. Principal Office Address 16 Miller Avenue		City Providence	State RI
		Zip 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Nellie S. Francis		Vice-President Name Jasmine Savice	
Street Address 16 Miller Avenue		Street Address 16 Miller Avenue	
City Providence	State R.I	City Providence	State RI
Zip 02905		Zip 02905	
Secretary Name Bendu Massagui		Treasurer Name Krystal Savice	
Street Address 16 Miller Avenue		Street Address 16 Miller Avenue	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
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 Nellie S Francis		Director Name Krystal Savice	
Street Address 16 Miller Avenue		Street Address 16 Miller Avenue	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
Director Name Winston Savice		Director Name	
Street Address 16 Miller Avenue		Street Address	
City Providence	State RI	City	State
Zip 02905		Zip	
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 Nellie S Francis		FILED	Date
Signature of Officer/Authorized Representative 			

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

APR 17 2024
BY **JSSBE**
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