



State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year:

Non-Profit Corporation

2024

→ 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 883776 | | 2. Exact name of the Corporation Liberian Community Advocacy Union OF Rhode Island (LUCARI) | |
| 3. State of Incorporation R.I | | 5. Brief description of the character of business conducted in Rhode Island To assist and advocate for its members, Liberians, and others in need in the 50 States of America | |
| 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 Massaguo | | 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. | | | |
| <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 Nellie S Francis | | | Date APR 17 2024 |
| Signature of Officer/Authorized Representative | | | BY JSBSE |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040