



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

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.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>1756032</b>                                                                                                                                                                |                  | 2. Exact name of the Corporation<br><b>Make Liberia Great International (MLGI)</b>                                                                                                                                                                                                                                                   |                    |
| 3. State of Incorporation<br><b>RI</b>                                                                                                                                                               |                  | 5. Brief description of the character of business conducted in Rhode Island<br><b>Advocacy, Humanitarian, Educational opportunities, promote the welfare and interest of members of the Liberian community, social justice, sports, vocational opportunities and assist in promoting health &amp; education local Diaspora Int'l</b> |                    |
| 4. NAICS Code<br><b>813219</b>                                                                                                                                                                       |                  |                                                                                                                                                                                                                                                                                                                                      |                    |
| 6. Principal Office Address<br><b>16 Miller Avenue</b>                                                                                                                                               |                  | City<br><b>Providence</b>                                                                                                                                                                                                                                                                                                            | State<br><b>RI</b> |
|                                                                                                                                                                                                      |                  | Zip<br><b>02905</b>                                                                                                                                                                                                                                                                                                                  |                    |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                       |                  |                                                                                                                                                                                                                                                                                                                                      |                    |
| President Name <b>Nellie S. Francis</b>                                                                                                                                                              |                  | Vice-President Name <b>Jazmine Savice</b>                                                                                                                                                                                                                                                                                            |                    |
| Street Address <b>16 Miller Avenue</b>                                                                                                                                                               |                  | Street Address <b>16 Miller Avenue</b>                                                                                                                                                                                                                                                                                               |                    |
| City <b>Providence</b>                                                                                                                                                                               | State <b>R.I</b> | City <b>Providence</b>                                                                                                                                                                                                                                                                                                               | State <b>RI</b>    |
| Zip <b>02905</b>                                                                                                                                                                                     |                  | Zip <b>02905</b>                                                                                                                                                                                                                                                                                                                     |                    |
| Secretary Name <b>Bendu Massagui</b>                                                                                                                                                                 |                  | Treasurer Name <b>Krystal Savice</b>                                                                                                                                                                                                                                                                                                 |                    |
| Street Address <b>16 Miller Avenue</b>                                                                                                                                                               |                  | Street Address <b>16 Miller Avenue</b>                                                                                                                                                                                                                                                                                               |                    |
| City <b>Providence</b>                                                                                                                                                                               | State <b>RI</b>  | City <b>Providence</b>                                                                                                                                                                                                                                                                                                               | State <b>RI</b>    |
| Zip <b>02905</b>                                                                                                                                                                                     |                  | Zip <b>02905</b>                                                                                                                                                                                                                                                                                                                     |                    |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                  |                                                                                                                                                                                                                                                                                                                                      |                    |
| Director Name <b>Nellie S Francis</b>                                                                                                                                                                |                  | Director Name <b>Krystal Savice</b>                                                                                                                                                                                                                                                                                                  |                    |
| Street Address <b>16 Miller Avenue</b>                                                                                                                                                               |                  | Street Address <b>16 Miller Avenue</b>                                                                                                                                                                                                                                                                                               |                    |
| City <b>Providence</b>                                                                                                                                                                               | State <b>RI</b>  | City <b>Providence</b>                                                                                                                                                                                                                                                                                                               | State <b>RI</b>    |
| Zip <b>02905</b>                                                                                                                                                                                     |                  | Zip <b>02905</b>                                                                                                                                                                                                                                                                                                                     |                    |
| Director Name <b>Winston Savice</b>                                                                                                                                                                  |                  | Director Name                                                                                                                                                                                                                                                                                                                        |                    |
| Street Address <b>16 Miller Avenue</b>                                                                                                                                                               |                  | Street Address                                                                                                                                                                                                                                                                                                                       |                    |
| City <b>Providence</b>                                                                                                                                                                               | State <b>RI</b>  | City                                                                                                                                                                                                                                                                                                                                 | State              |
| Zip <b>02905</b>                                                                                                                                                                                     |                  | 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<br><b>Nellie S Francis</b>                                                                                                                                 |                  | Date<br><b>4/24/2024</b>                                                                                                                                                                                                                                                                                                             |                    |
| Signature of Officer/Authorized Representative<br>                                                                                                                                                   |                  | FILED                                                                                                                                                                                                                                                                                                                                |                    |

MAIL TO:

Division of Business Services

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