



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.

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1. Entity ID Number <u>001102334</u>		2. Exact name of the Corporation <u>SIERRA LEONE ORGANIZATION OF R.I</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>To operate as a Community organization that fosters the building of a stronger Sierra Leonean community in R.I</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>1052 CHARLES STREET - FRONT</u>		City <u>N. PROVIDENCE</u>	State <u>RI</u>
		Zip <u>02904</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>MARIE CHEAYE</u>		Vice-President Name	
Street Address <u>128 ONTARIO STREET</u>		Street Address	
City <u>PROVIDENCE</u>	State <u>RI</u>	City	State
Zip <u>02907</u>		Zip	
Secretary Name <u>JENNIFER HORTON-JALLOH</u>		Treasurer Name <u>BERNADETTE NIMNEH</u>	
Street Address <u>147 ORIOLE AVE</u>		Street Address <u>241 OAKLEY ROAD</u>	
City <u>PANTUCKET</u>	State <u>RI</u>	City <u>WOONSOCKET</u>	State <u>R.I</u>
Zip <u>02860</u>		Zip <u>02895</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least <u>THREE</u> directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Marie Cheaye</u>		Director Name <u>Bernadette Nimneh</u>	
Street Address <u>128 Ontario Street</u>		Street Address <u>241 Oakley Road</u>	
City <u>Providence</u>	State <u>R.I</u>	City <u>Woonsocket</u>	State <u>RI</u>
Zip <u>02907</u>		Zip <u>02895</u>	
Director Name <u>Jennifer Horton-Jalloh</u>		Director Name	
Street Address <u>147 Oriole Avenue</u>		Street Address	
City <u>Pantucket</u>	State <u>RI</u>	City	State
Zip <u>02860</u>		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 <u>MARIE CHEAYE</u>			Date <u>3/21/2024</u>
Signature of Officer/Authorized Representative <u>Marie Cheaye</u>			

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

MAY - 9 2024
BY VENRY