



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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