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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.

Rhode Island Chapter - B.W.I. National Alumni Association of North America

1. Entity ID Number	2. Exact name of the Corporation
50621 7	~~B.W.I. National Alumni Assoc. of North America~~
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	Provide assistance to graduates, former students and Booker Washington Institute in Kakata, Liberia
4. NAICS Code	
813990	

6. Principal Office Address	City	State	Zip
555 Veazie St. Apt 120	Providence	RI	02904

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)

President Name: Danielle F. Norris	Vice-President Name: Mama J. Vezzelle
Street Address: 84 Gallup St	Street Address: 555 Veazie St.
City: Providence State: RI Zip: 02905	City: Providence State: RI Zip: 02904
Secretary Name: Vida Hall	Treasurer Name: ~~Comfort Yengbeh~~
Street Address: 106 Hoover St.	Street Address: 44 Venice St.
City: Providence State: RI Zip: 02905	City: Providence State: RI Zip: 02905

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.

Check the box to indicate an attachment ☐

Director Name: David Ballah	Director Name: Charles Yawn
Street Address: 95 Carpenter St.	Street Address: 214 Roosevelt Ave. Apt 120
City: Pawtucket State: RI Zip: 02860	City: Pawtucket State: RI Zip: 02861
Director Name: William Varfley	Director Name:
Street Address: 44 August St.	Street Address:
City: Providence State: RI Zip: 02908	City: State: 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	Date
Mama J. Vezzelle	6/24/2024

Signature of Officer/Authorized Representative: MJVezzelle

FILED
JUN 24 2024
BY MV7YA

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

FORM 631 - Revised: 04/2023

Provide Assistance to graduates, former students and B.W.I. in Kakata, Liberia