



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 (Rhode Island Chapter - B.W.I. National Alumni Association of North America)
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
24 JUN 24 PM 3:38:32

RI DOS MADE NON-SUBSTANTIVE EDITS

1. Entity ID Number 506217		2. Exact name of the Corporation B.W.I. National Alumni Assoc. of North America	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Provide assistance to graduates, former students and Bookers Washington Institute in Kakata, Liberia	
4. NAICS Code 813990		6. Principal Office Address 555 Veggie St. Apt 120 Providence RI 02904	
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name Darlette F. Norris		Vice-President Name Mama J. Vezde	
Street Address 84 Gallup St		Street Address 555 Veggie St	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02904	
Secretary Name Vida Hall		Treasurer Name Comfort Vengben	
Street Address 106 Homer St		Street Address 44 Venica St	
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. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name David Ballah		Director Name Charles Youn	
Street Address 95 Carpenter St		Street Address 214 Roosevelt Ave. Apt 120	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02864	
Director Name William Varley		Director Name	
Street Address 44 August St		Street Address	
City Providence	State RI	City	State
Zip 02908		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, Member or Trustee.			
Name of Officer/Authorized Representative Mama J. Vezde			Date 6/24/2024
Signature of Officer/Authorized Representative <i>Mama J. Vezde</i>			FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2616
Phone: (401) 222-3040
Website: www.sos.ri.gov

JUN 24 2024
BY **MV JYA**

FORM 631, Revised: 01/2023

provide assistance to graduates, former students and B.W.I. in Kakata, Liberia