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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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.

1. Entity ID Number: 00171345	2. Exact name of the Corporation: LIBERIAN OLD TYMERS ASSOCIATION OF RHODE ISLAND
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: We Conduct Social recreation With elderly folks within our elderly pipulation.
4. NAICS Code: 713990	

6. Principal Office Address	City	State	Zip
39 EAST STREET	PAWTUCKET	RI	02908

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Suleiman Kamarah		Vice-President Name: ARCHIBALD D. DIKENAH	
Street Address: 36 Longmont Street		Street Address: 121 MEADOW Rd.	
City: Providence	State: RI Zip: 02908	City: NORTH PROVIDENCE	State: RI Zip: 02904
Secretary Name: CHARLES FAHNBULLEH		Treasurer Name: ANTHONY S. WILSON JR	
Street Address: 39 EAST STREET		Street Address: 67 PROVIDENCE ST	
City: PAWTUCKET	State: RI Zip: 02860	City: WEST WARWICK	State: RI Zip: 02893

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name: PHILP KLAH		Director Name: EMMANUEL S. COOPER	
Street Address: 142 PIAGE STREET		Street Address: 93rd STREET	
City: PAWTUCKET	State: RI Zip: 02860	City: N. PROVIDENCE	State: RI Zip: 02911
Director Name: MICHEL BAKEL		Director Name:	
Street Address: 27 GILLEN AVE		Street Address:	
City: N. PROVIDENCE	State: RI Zip: 02904	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
ANTHONY S. WILSON	07-3-2024

Signature of Officer/Authorized Representative

FILED 207

JUL 03 2024
BY gdvm KJ

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