

State of Rhode Island Office of the Secretary of State

Fee: \$20.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2024**: 2024

- 1. Corporate ID No. 001663980
- 2. Name of Corporation Gbarnga Methodist Mission Alumni Association
- 3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>

NAICS Code

813920

4. Principal Office Address

No. and Street: 4315 VALERIE ST

City or Town: <u>BELLAIRE</u> State: <u>TX</u> Zip: <u>77401</u> Country: <u>USA</u>

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

PROMOTE UNITY AMONGST ALL FORMER STUDENTS AND ALUMNI

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

| Title | Individual Name | Address |
|-------|-----------------------------|-------------------------------------------------|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |

| | | · <u>·</u> |
|----------------|------------------------|----------------------------------|
| PRESIDENT | FULKRA JUSTINIAN MASON | 4315 VALERIE ST |
| | | BELLAIRE, TX 77401 USA |
| TREASURER | VALERIE GONSAHN | 3443 EBB CIRCLE |
| | | FAIRBURN, GA 30213 USA |
| VICE PRESIDENT | NATALIE STEWART | 111 SAINT ANN CIRCLE |
| | | DALLAS, GA 30157 USA |
| DIRECTOR | WILLIAM M KROMAH | 1504 CRESTLINE RD |
| | | SILVER SPRING, MD 20904 USA |
| DIRECTOR | JOSEPHUS G WILLIAMS | 9427 MELANIE THOMPSON DR |
| | | CHARLOTTE, NC 28213 USA |
| DIRECTOR | NESTER E DIGGS | 19038 STEDWICK DR |
| | | MONTGOMERY VILLAGE, MD 20886 USA |

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

KOFUA Z. KULAH 11 ALLEN AVENUE, APT. 5 PAWTUCKET, RI 02860

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 11 Day of July, 2024 at 10:42:59 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By FULKRA J. MASON

Signature of Authorized Person

Form No. 631 Revised 09/07

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