



**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.** 001758767

**2. Name of Corporation** Liberian American Community Of Rhode Island(LACRI)

**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 [click here](#).

NAICS Code

813319

**4. Principal Office Address**

No. and Street: 807 BROAD STREET, SUITE 213, BOX #28

City or Town: PROVIDENCE

State: RI Zip: 02909 Country: USA

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

TO ADDRESS THE SOCIAL EDUCATIONAL AND PSYCHOLOGICAL NEED OF  
LIBERIANS AND AMERICANS IN RHODE ISLAND

**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
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
INCORPORATOR	MELVIN HOWAD	807 BROAD STREET, SUITE 213, BOX # 28 PROVIDENCE, RI 02907 USA
DIRECTOR	EMMANUEL PAULUS	15 WESTCOTT AVENUE PROVIDENCE, RI 02909 USA
DIRECTOR	SELCON BARNARD	3 VILLAGE CIRCLE WARWICK, RI 02888 USA
DIRECTOR	MICHAEL NEOR	2 ADIN STREET PAWTUCKET, RI 02861 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**

NELLIE FRANCIS-SAVICE 807 BROAD STREET, SUITE 213, BOX# 28 PROVIDENCE , RI 02907

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

**Signed this 23 Day of July, 2024 at 12:12:44 PM 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 ANTHONY N. TAMBA - DIRECTOR  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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