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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.

1. Entity ID Number 001698472		2. Exact name of the Corporation Liberia Maryland Association of RI	
3. State of Incorporation Category RI		5. Brief description of the character of business conducted in Rhode Island Non-Profit helping older members and Misfortune People in Maryland county Liberia	
4. NAICS Code 813110			
6. Principal Office Address 147 Isabella Ave		City Providence	State RI Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Clara Muhlenburg		Vice-President Name Evelyn Nyanti	
Street Address 147 Isabella Ave.		Street Address 218 Webster Ave.	
City Providence	State RI	City Providence	State RI Zip 02909
Secretary Name Penella Darlene Kaba		Treasurer Name Cece Bedell Braple	
Street Address 10 Kentland Ave		Street Address 102 Pomona St	
City Providence	State RI	City Providence	State RI Zip 02909
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Agnes Bargblor		Director Name Robert Bayogor	
Street Address 3 Knapp Ave		Street Address 147 Isabella Ave	
City N. Providence	State RI	City Providence	State RI Zip 02909
Director Name Michealyne Hne		Director Name	
Street Address 27 Minnesota street		Street Address	
City Providence	State RI	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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Clara Muhlenburg			Date 9/30/24
Signature of Officer/Authorized Representative <i>Clara Muhlenburg</i>			FILED

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

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