



State of Rhode Island
Department of State - Business Services Division

REC'D RI SOS BSD
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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 001 724 224		2. Exact name of the Corporation Village of Grace	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To help children w/ education, food and shelter	
4. NAICS Code 813311			
6. Principal Office Address 535 RIVERST AVE Apt 303		City Central Falls	State RI
		Zip 02943	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Alerik Belane		Vice-President Name Daphney Afslabi	
Street Address 175 Broad Street		Street Address 535 RIVERST AVE APT 303	
City Pawtucket	State RI	City Central Falls	State RI
Zip 02941		Zip 02943	
Secretary Name Savir Azur		Treasurer Name Sorayah Perjuste	
Street Address 175 Broad Street		Street Address 80 Alexander McGregor Rd	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02941		Zip 02941	
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 Ibrahim Afslabi		Director Name Coerardo Perjuste	
Street Address 16 Bullion Street		Street Address 80 McGregor Rd	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02941		Zip 02941	
Director Name Emmanuel Belane		Director Name	
Street Address 64 Darlingdale Ave		Street Address	
City Pawtucket	State RI	City	State
Zip 02941		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Daphney Afslabi			Date 10/2/24
Signature of Officer/Authorized Representative Dafslabi			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

OCT 04 2024
BY **BAVVZ**
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