RI SOS Filing Number: 202564240470 Date: 2/3/2025 4:00:00 PM



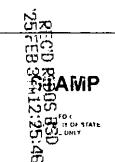
State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025 **Non-Profit Corporation**

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00



→ Penalty Additional \$25.00 fee if	form is not filed by t	May 31.				
Entity ID Number	2 Exact name of the Corporation					
000072563	FRIENDS ASSOCIATION OF PAWTUCKET INC.					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
RI	TO RENDER ASSISTANCE TO MEMBERS IN TIME OF NEED AND/OR					
4. NAICS Code	HARDSHIP. SUCH ASSISTANCE SHALL BE LIMITED TO THE ABILITY					
813319						
6. Principal Office Address			City	State	Zip	
95 CARPENTER STREET			PAWTUCKET	RI	02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name DAVID S. BALLAH SR			Vice-President Name BORKAL B JOHNSON			
Street Address 95 CARPENTER STREET			Street Address 33 1/2 JANE ST			
City PAWTUCKET	State RI	^{Zıp} 02860	City PAW	State RI	^{Zip} 02860	
Secretary Name JAMES WOODS			Treasurer Name EVA BALLAH			
Street Address 40 GENERAL ST			Street Address 95 CARPENTER STREET			
City PROV	State RI	^{Zip} 02904	City PAW	State RI	Zip 02860	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name TOGAR JOHNSON			Director Name CEPHAS LOGAN			
Street Address 35 DOME ST			Street Address 217 HARRISON ST			
City PROV	State RI	^{Zip} 02908	City PAW	State RI	Zip UZOUU	
Director Name SARA RENEE SMITH			Director Name SHIRLEY JOHNSON			
Street Address 315 LOWELL ST			Street Address 33 1/2 JANE ST			
City PROV	State RI	^{Zip} 0290 %	City PAW	State RI	Zip 02860	
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		
DAVID S. BALLAH SR 2/3/2025						
Signature of Officer/Authorized Rep	gnature of Officer/Authorized Representative FILED					
IAIL TO:						

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 3 2025

