



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 May 31.

REC'D
FEB 05 2025
12:25:46
STATE OF RHODE ISLAND
BUSINESS SERVICES DIVISION

1. Entity ID Number 000072563		2. Exact name of the Corporation FRIENDS ASSOCIATION OF PAWTUCKET INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO RENDER ASSISTANCE TO MEMBERS IN TIME OF NEED AND/OR HARDSHIP. SUCH ASSISTANCE SHALL BE LIMITED TO THE ABILITY			
4. NAICS Code 813319					
6. Principal Office Address 95 CARPENTER STREET			City PAWTUCKET	State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name DAVID S. BALLAH SR			Vice-President Name BORKAI B JOHNSON		
Street Address 95 CARPENTER STREET			Street Address 33 1/2 JANE ST		
City PAWTUCKET	State RI	Zip 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 02860
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 02909	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 DAVID S. BALLAH SR				Date 2/3/2025	
Signature of Officer/Authorized Representative 				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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