State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2025
Non-Profit Corporation

→ Filing penod: 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	2. Exact name of the Corporation
000072563	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	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: 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	Date
DAVID S. BALLAH SR	**2/3/2025**

Signature of Officer/Authorized Representative: X [signature]

FILED

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

FORM 631- Revised 12/2023