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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.

1. Entity ID Number	2. Exact name of the Corporation
000505940	United Organization of Klay in the Amercas
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To Provide with Education and linking people in Immigrant with Social Services
4. NAICS Code: 611710	Domestic Non-Profit Corporation

6. Principal Office Address	City	State	Zip
5 Fenway Street	North Providence	RI	02911

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Hawa Dowana	Joyce Nebo
Street Address: 200 Ardmoa Avenue	Street Address: 110 Patricia Ave
City: Upper Darby; State: PA; Zip: 19082	City: Delran; State: NJ; Zip:
Secretary Name: Hawa Coleman-Fahrbach	**Treasurer Name:**
Street Address: 108 Fairgrove Perrance	Street Address:
City: Gaitherburg; State: MD; Zip: 20877	City: ; State: ; Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Molley C. Morgan	Rosina D. Gbelly
Street Address: 108 Fairgrove Perrance	Street Address: 5 Fenway Street, #2
City: Gaitherburg; State: MD; Zip: 20877	City: North Providence; State: RI; Zip: 02911
Director Name: Telee Brown	**Director Name:**
Street Address: 60 Waverly Place	Street Address:
City: Staten Island; State: NY; Zip: 10304	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.

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
Rosina Gbelly	03/11/2025

Signature of Officer/Authorized Representative

FILED
MAR 17 2025
BY EFAC3

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