RI SOS Filing Number: 202567523930 Date: 3/17/2025 4:00:00 PM

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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: 00172 8474	2. Exact name of the Corporation: GOLA HERITAGE FOUNDATION
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To Preserve, Promote, and Protect the Gola Cultural Heritage
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
5 Fenway Street, #2	North Providence	RI	02911

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

President Name: Boima D. Gbelly			Vice-President Name: Julia Vincent		
Street Address: 5 Fenway Street, #2			Street Address: 332 Orchard Trace Lane		
City: North Providence	State: RI	Zip: 02911	City: Charlotte	State: NC	Zip: 28213
Secretary Name: Jesse Farmah			Treasurer Name		
Street Address: 153 Laurel Road			Street Address		
City: Sharon Hill	State: PA	Zip: 19079	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: Molly Emmanual Roulhac			Director Name: Sunda E. Davies		
Street Address: 11000 Burlington Street,			Street Address: 3226 14th Avenue		
City: Southgate	State: MI	Zip: 48195	City: Anoka	State: MN	Zip: 55303
Director Name: Nancy Goll			Director Name: Muse Y. Willie		
Street Address: 7231 Carriage Hill Drive			Street Address: 193 Lukens Mill Drive		
City: Laurel	State: MD	Zip: 20707	City: Coatesville	State: PA	Zip: 19320

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	FILED	Date
Boima D. Gbelly		03/17/2025
Signature of Officer/Authorized Representative	MAR 17 2025 BY E7dC3	

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