



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.

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1. Entity ID Number <u>001696504</u>		2. Exact name of the Corporation <u>National Bomi County Association in the Americas</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To undertake humanitarian charitable activities and programs to benefit the community</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>5 Fenway Street, #2</u>		City <u>North Providence</u>	State <u>RI</u> Zip <u>02911</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Musa V. Willie</u>		Vice-President Name <u>Catherine Johnson</u>	
Street Address <u>193 Lukens Mills Drive</u>		Street Address <u>4669 Stowaway Drive</u>	
City <u></u>	State <u></u>	Zip <u></u>	City <u>Columbus</u> State <u>OH</u> Zip <u>43227</u>
Secretary Name <u></u>		Treasurer Name <u></u>	
Street Address <u></u>		Street Address <u></u>	
City <u></u>	State <u></u>	Zip <u></u>	City <u></u> State <u></u> Zip <u></u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Robert Hill</u>		Director Name <u>Vah Wilson</u>	
Street Address <u>200 Ardmore</u>		Street Address <u>70 Federick Road</u>	
City <u>upper Darby</u>	State <u>PA</u>	Zip <u>19320</u>	City <u>Catsville</u> State <u>PA</u> Zip <u>19320</u>
Director Name <u>Malikee Sone</u>		Director Name <u></u>	
Street Address <u>114 Gallup Street</u>		Street Address <u></u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	City <u></u> State <u></u> Zip <u></u>
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative <u>Boima D Gessly</u>			Date <u>FINED</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

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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BY E7dC3