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: 1756032	2. Exact name of the Corporation: MAKE Liberia Great (MLG) International
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Humanitarian, Educational Opportunities, Advocacy, Promote the Welfare and Interest of Members & The Liberian Communities, Social Justice, Sports & Cultural Opportunities & Assistance, promotes Health & Education Local & Diaspora Intermittently
4. NAICS Code: 813219	
6. Principal Office Address: 16 Miller Avenue	City: Providence; State: RI; Zip: 02905

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

President Name: Nellie S. Francis	Vice-President Name: Jazmine Savice
Street Address: 16 Miller Avenue	Street Address: 16 Miller Avenue
City: Providence; State: R.I; Zip: 02905	City: Providence; State: RI; Zip: 02905
Secretary Name: Bendu Massaquoi	Treasurer Name: Krystal SAvice
Street Address: 16 Miller Avenue	Street Address: 16 Miller Avenue
City: Providence; State: RI; Zip: 02905	City: Providence; State: RI; Zip: 02905

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

Director Name: Nellie S Francis	Director Name: Krystal Savice
Street Address: 16 Miller Avenue	Street Address: 16 Miller Avenue
City: Providence; State: RI; Zip: 02905	City: Providence; State: RI; Zip: 02905
Director Name: Winston Savice	Director Name:
Street Address: 16 Miller Avenue	Street Address:
City: Providence; State: RI; Zip: 02905	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: Nellie S Francis

FILED

Date: 4/1/2025

Signature of Officer/Authorized Representative: [signature]

APR X 1 2025

BY [signature]

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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