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: 147764	2. Exact name of the Corporation: Action For Talent Search Associations/Students (AFTSAS)
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Talent Trains Domestic Management to advocate, after School Programs, Elderly/Youth Education
4. NAICS Code: 813311	

6. Principal Office Address	City	State	Zip
16 Miller Avenue	Providence	RI	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.

FILED

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
Nellie S Francis	APP X 1 2025	4/1/2025
Signature of Officer/Authorized Representative	BY YQF5H	

MAIL TO:
Division of Business Services
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