



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2025

→ 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 <u>147764</u>		2. Exact name of the Corporation <u>Assocn for Talent Search</u> <u>Associations/Students (AFTSAS)</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Talent Training</u> <u>Domestic management to advocate, after</u> <u>School program, Elderly/Youth Education</u>	
4. NAICS Code <u>813311</u>			
6. Principal Office Address <u>16 Miller Avenue</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Nellie S. Francis</u>		Vice-President Name <u>Jasmine Savice</u>	
Street Address <u>16 Miller Avenue</u>		Street Address <u>16 Miller Avenue</u>	
City <u>Providence</u>	State <u>R.I</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
Secretary Name <u>Bendu Massagui</u>		Treasurer Name <u>Krystal Savice</u>	
Street Address <u>16 Miller Avenue</u>		Street Address <u>16 Miller Avenue</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Nellie S Francis</u>		Director Name <u>Krystal Savice</u>	
Street Address <u>16 Miller Avenue</u>		Street Address <u>16 Miller Avenue</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
Director Name <u>Winston Savice</u>		Director Name	
Street Address <u>16 Miller Avenue</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	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 <u>Nellie S Francis</u>		APP X 1 2025	Date <u>4/1/2025</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>		BY <u>YQF5H</u>	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 772-3000