RI SOS Filing Number: 202573564880 Date: 5/23/2025 3:27:00 PM

**State of Rhode Island**
**Department of State - Business Services Division**

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**Annual Report for the year:** 2024
**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 | 2. Exact name of the Corporation |
|---|---|
| 143826 | Susu Incorporated |
| 3. State of Incorporation: RI | 5. Brief description of the character of business conducted in Rhode Island: To provide qualiy financial solutions to members |
| 4. NAICS Code: 813910 | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 10134 Loganberry Trail | Charlotte | NC | 28262 |

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

| | | | | | |
|---|---|---|---|---|---|
| President Name: Mohammed Y. Kuyateh | | | Vice-President Name: Edward Morgan | | |
| Street Address: 10134 Loganberry Trail | | | Street Address: 257 Beachwood Dr. | | |
| City: Charlotte | State: NC | Zip: 28262 | City: Warwick | State: RI | Zip: 02818 |
| Secretary Name: Tetee S. Kuyateh | | | Treasurer Name: Edward Morgan | | |
| Street Address: 10134 Loganberry Trail | | | Street Address: 257 Beachwood Dr. | | |
| City: Charlotte | State: NC | Zip: 28262 | City: Warwick | State: RI | Zip: 02818 |

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

| | | | | | |
|---|---|---|---|---|---|
| Director Name: Mohammed Y Kuyateh | | | Director Name: Edward Morgan | | |
| Street Address: Same | | | Street Address: Same | | |
| City | State | Zip | City | State | Zip |
| Director Name: Tetee S. Kuyateh | | | Director Name | | |
| Street Address: Same | | | Street Address | | |
| City | State | Zip | 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 | Date |
|---|---|
| **Edward Morgan/~~Registered Agent~~** VP | **5/19/2025** |

Signature of Officer/Authorized Representative: [signature] BY 26QFQ

MAY 23 2025

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**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