



State of Rhode Island
Department of State - Business Services Division

REC'D RHODES BSD
25 MAY 23 PM 3:22:52

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 143826		2. Exact name of the Corporation Susu Incorporated			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide quality financial solutions to members			
4. NAICS Code 813910					
6. Principal Office Address 10134 Loganberry Trail			City Charlotte	State NC	Zip 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 Edward Morgan/Registered Agent <i>VP</i>					Date 5/19/2025
Signature of Officer/Authorized Representative <i>[Signature]</i> BY 26QFQ					MAY 23 2025 327 19

MAIL TO:
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