


**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.

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1. Entity ID Number 001102334		2. Exact name of the Corporation SIERRA LEONE ORGANIZATION OF R.I	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To operate as a Community Organization that fosters the building of a stronger Sierra Leonean Community in R.I	
4. NAICS Code 813990			
6. Principal Office Address 1052 Charles Street - front		City N. Providence	State R.I
		Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name MARIE CHEAYE		Vice-President Name	
Street Address 128 ONTARIO STREET		Street Address	
City PROVIDENCE	State R.I	City	State
Zip 02907		Zip	
Secretary Name JENNIFER HORTON-JALLOH		Treasurer Name BERNADETTE NIMNEH	
Street Address 147 ORIOLE AVENUE		Street Address 241 OAKLEY ROAD	
City PAWTUCKET	State RI	City WOONSOCKET	State RI
Zip 02860		Zip 02895	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name MARIE CHEAYE		Director Name BERNADETTE NIMNEH	
Street Address 128 Ontario Street		Street Address 241 OAKLEY ROAD	
City Providence	State RI	City WOONSOCKET	State RI
Zip 02907		Zip 02895	
Director Name JENNIFER HORTON-JALLOH		Director Name	
Street Address 147 ORIOLE AVENUE		Street Address	
City PAWTUCKET	State RI	City	State
Zip 02860		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 MARIE CHEAYE			Date
Signature of Officer/Authorized Representative Marie Cheaye			

FILED

 MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 BY **ZPGWLO**
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FORM 631- Revised 04/2023