State of Rhode Island
Department of State - Business Services Division

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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: 001772875	2. Exact name of the Corporation: Fifteen Liberian Diaspora Associations of Sons Daughters and Affiliates In the Americas (15LDASOA) INC
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To foster and make adjustments of its members and Affiliates to the Social Economic Education health Cultural conditions in the USA Rhode Island African American & Europe etc communities as well as to foster Relationships Between its Members Affiliates and the Liberian Rhode Island Communities As.
4. NAICS Code: 813319	

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

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: Nellie S Francis | Date: July 3, 2025

Signature of Officer/Authorized Representative: [signature]

FILED

JUL 03 2025

BY 3NROM

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