



State of Rhode Island
Department of State - Business Services Division

STAMP

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 <u>1680785</u>		2. Exact name of the Corporation <u>Bosoka refugee driving aid</u>	
3. State of Incorporation <u>Ri</u>		5. Brief description of the character of business conducted in Rhode Island <u>We help refugees immigrant our to drive, assisting them in gaining there license and getting transportation.</u>	
4. NAICS Code <u>811310</u>			
6. Principal Office Address <u>121 Providence St</u>		City <u>Woonsocket</u>	State <u>Ri</u>
		Zip <u>02895</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>James Kaskile moyenge</u>		Vice-President Name <u>Niya Kashindi</u>	
Street Address <u>121 Providence St</u>		Street Address <u>121 Providence St</u>	
City <u>Woonsocket</u>	State <u>Ri</u>	City <u>Woonsocket</u>	State <u>Ri</u>
Secretary Name <u>Sawa Sawa Mubao</u>		Treasurer Name <u>Sifa James</u>	
Street Address <u>92 Georgia AV Floor 1</u>		Street Address <u>121 Providence St</u>	
City <u>Providence</u>	State <u>Ri</u>	City <u>Woonsocket</u>	State <u>Ri</u>
		Zip <u>02895</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>James Kaskile moyenge</u>		Director Name <u>Niya Kashindi</u>	
Street Address <u>121 Providence St</u>		Street Address <u>121 Providence St</u>	
City <u>Woonsocket</u>	State <u>Ri</u>	City <u>Woonsocket</u>	State <u>Ri</u>
Director Name <u>Sawa Sawa Mubao</u>		Director Name <u>Sifa James</u>	
Street Address <u>92 Georgia AV Floor 1</u>		Street Address <u>121 Providence St</u>	
City <u>Providence</u>	State <u>Ri</u>	City <u>Woonsocket</u>	State <u>Ri</u>
		Zip <u>02895</u>	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative <u>James Kaskile moyenge</u>		FILED	Date <u>7-8-25</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>		JUL 08 2025 <u>AKSJ2</u>	

MAIL TO:
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