State of Rhode Island
Department of State - Business Services Division

RECD RIDOS BSD '25 SEP 3 AM 9:24:58

Annual Report for the year: 2025 Amended
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
000203966	Guineans & Freinds of Guinea of Rhode Island (Gafgori Nimba
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: our mission is to organize and strengthen the Guinean Community in Rhode Island and to operate and help the Guinean family in the state of (RI) and build a strong and organize Community. social and cultural Development
4. NAICS Code: 624 190	

6. Principal Office Address	City	State	Zip
P.O.Box 41253	Providence	RI	02940

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

President Name	Vice-President Name
Ishmail Barrie	Toumany Camara
Street Address: 64 Parkview Dr # 8	Street Address: 78 Ellery Street
City: Pawtucket / State: RI / Zip: 02861	City: Providence / State: RI / Zip: 02909
Secretary Name: Sekou Keita	Treasurer Name: Lamine Diallo
Street Address: 48 Comstock Street	Street Address: 139 Seamans st
City: Pawtucket / State: RI / Zip: 02860	City: Providence / State: RI / Zip: 02908

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

Director Name	Director Name
Asmirou Diallo	Karim Sow
Street Address: 150 Chestnut Avenue	Street Address: 12 Freese st
City: Central Falls / State: RI / Zip: 02863	City: Providence / State: RI / Zip: 02908
Director Name: Sekou Camara	Director Name: Dinsey Doumbia
Street Address: 81 Arthur Street	Street Address: 529 Douglas Ave
City: Pawtucket / State: RI / Zip: 02860	City: Providence / State: RI / Zip: 02908

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: [signature] — Date: 09-03-2025

Signature of Officer/Authorized Representative

FILED
SEP 03 2025
BY KS
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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