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	2. Exact name of the Corporation
001695472	Liberia Maryland Association of RI
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Helping older Members and Misfortune People in Maryland County Liberia
4. NAICS Code: 81311O	

6. Principal Office Address	City	State	Zip
147 Isabella Ave	Providence	RI	02908

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

President Name	Vice-President Name
Clara Muhlenburg	Evelyn Nyanti
Street Address: 147 Isabella Ave	Street Address: 218 Webster Ave
City: Providence State: RI Zip: 02908	City: Providence State: RI Zip: 02909
Secretary Name: Penella Darlene Kaba	Treasurer Name: Cece Bedell Broplch
Street Address: 10 Kentland Ave	Street Address: 102 Pomona St
City: Providence State: RI Zip: 02904	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
Michealyne Hne	Robert Bayogar
Street Address: 27 Minnesota Street	Street Address: 147 Isabella Ave
City: Providence State: RI Zip: 02908	City: Providence State: RI Zip: 02908
Director Name: Agnes Barglor	Director Name
Street Address: 3Knapp Ave	Street Address
City: N Providence State: RI Zip: 02904	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	Date
Clara Muhlenburg	9/8/25

Signature of Officer/Authorized Representative

FILED

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BY 2498

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