



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**  
Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No 159716	2. Name of Corporation Miss Africa of Connecticut (CT) (Constitutional State) INC		
3. State of Incorporation RI	4. Corporate address in Rhode Island - Street Address 16 Miller Avenue	City Providence	Zip 02905
5. Foreign corporation. Enter principal office address		City	State Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island  
African Beauty/Scholarship Pageants

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Nellie S. Francis	Vice President Name Theresa Francis
Street Address 16 Miller Avenue	Street Address 100 Atwells Avenue
City Providence	City Providence
State R.I.	State R.I.
Zip 02905	Zip 02903
Secretary Name Krystal Savice	Treasurer Name
Street Address 16 Miller Avenue	Street Address
City Providence	City
State R.I.	State
Zip 02905	Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3) R.I.G.L. 7-6-23

Director Name Nellie S. Francis	Director Name Bendu Massagquoi
Street Address 16 Miller Ave	Street Address 23 Sassasfras Street
City Providence	City Providence
State R.I.	State R.I.
Zip 02905	Zip 02905
Director Name Michael Fahnbulleho	Director Name Krystal Savice
Street Address 16 Miller Ave, Apt #3	Street Address 16 Miller Ave
City Providence	City Providence
State R.I.	State R.I.
Zip 02905	Zip 02905
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78	
Agent Name Nellie S. Francis	Address 16 Miller Avenue
Address 16 Miller Ave	City Providence
	Zip 02905

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

JUN 30 2008

By 271

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.

6/30/08  
Signature of Officer Date

Nellie S. Francis  
Print or Type Name of Officer

PRESIDENT  
Title of Officer

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
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