



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 JUN 26 PM 12:10

1. Entity ID Number 156334	2. Exact name of the Corporation Miss Liberia In America, INC		
3. State of Incorporation R.I.	5. Brief description of the character of business conducted in Rhode Island To organize and host Miss Liberia In America Beauty Pageants and as well as African/American Beauty Pageants		
4. NAICS Code 813990			

6. Principal Office Address 16 Miller Avenue Providence, RI 02905	City Providence	State R.I.	Zip 02905
---	---------------------------	----------------------	---------------------

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Nellie S. Francis		Vice-President Name Krystal W. Savice	
Street Address 16 Miller Avenue		Street Address 16 Miller Avenue	
City Providence	State R.I.	City Providence	State R.I.
Zip 02905		Zip 02905	
Secretary Name Winston N. Savice		Treasurer Name Jasmine A.M. Savice	
Street Address 16 Miller Avenue		Street Address 16 Miller Avenue	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	

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 Nellie S. Francis		Director Name Krystal W. Savice	
Street Address 16 Miller Avenue		Street Address 16 Miller Avenue	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
Director Name Theresa N. Francis		Director Name	
Street Address 16 Miller Avenue		Street Address	
City Providence	State RI	City	State
Zip 02905		Zip	

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 - PRESIDENT	Date 6/19/2017
---	--------------------------

Signature of Officer/Authorized Representative
FILED

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

JUN 26 2017
 BY CU 306887