



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.  
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

# 813990

1. Entity ID No. <b>156334</b>		2. Exact name of the Corporation <b>Miss Liberia In America INC</b>	
3. State of Incorporation <b>R.I</b>		4. Brief description of the character of business conducted in Rhode Island <b>Liberian and African pageants.</b>	
5. Principal office address <b>16 Miller Ave -</b>		City <b>Providence</b>	State <b>R.I</b>
		Zip <b>02905</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>Nellie S. Francis</b>		Vice-President Name <b>Krystal W. Savice</b>	
Street Address <b>16 Miller Avenue</b>		Street Address <b>16 Miller Avenue</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02905</b>		Zip <b>02905</b>	
Secretary Name <b>Winston N. Savice</b>		Treasurer Name <b>Suzanne A.M. Savice</b>	
Street Address <b>16 Miller Avenue</b>		Street Address <b>16 Miller Avenue</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02905</b>		Zip <b>02905</b>	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <b>Nellie S. Francis</b>		Director Name <b>Krystal Savice</b>	
Street Address <b>16 Miller Avenue</b>		Street Address <b>16 Miller Ave</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02905</b>		Zip <b>02905</b>	
Director Name <b>Theresa N. Francis</b>		Director Name	
Street Address <b>16 Miller Avenue</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02905</b>		Zip	
8. REGISTERED AGENT IN RHODE ISLAND <b>Nellie S. Francis</b>			

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.  
 This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

**FILED**

**JUN 27 2018**

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.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

BY **333735**

Signature of Officer or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

**PRESIDENT**

Print or Type Name of Officer or Authorized Representative