



State of California
Secretary of State

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STATEMENT OF INFORMATION
(Limited Liability Company)

53

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1 LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

Improving the Lives of African Americans,
LLC

FILED
in the office of the Secretary of State
of the State of California

JUN 25 2009

This Space For Filing Use Only

DUE DATE: JUN 23 2009

FILE NUMBER AND STATE OR PLACE OF ORGANIZATION

2. SECRETARY OF STATE FILE NUMBER

200909210081

3. STATE OR PLACE OF ORGANIZATION

CALIFORNIA

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

CITY AND STATE

ZIP CODE

8243 SAN VICENTE AVE

RIVERSIDE

CA

92504

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)

CITY

STATE

ZIP CODE

SAME AS ABOVE

CA

NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY

6. NAME ADDRESS

CITY AND STATE

ZIP CODE

HERMAN L. NEWSOM 8243 SAN VICENTE AVE RIVERSIDE CA 92504

NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary.)

7. NAME ADDRESS

CITY AND STATE

ZIP CODE

GARY HARRIS

P.O. Box 4216

RIVERSIDE

CA

92514

8. NAME ADDRESS

CITY AND STATE

ZIP CODE

CHAUNCEY JEAR

P.O. Box 4216

RIVERSIDE

CA

92514

9. NAME ADDRESS

CITY AND STATE

ZIP CODE

BRUCE RHODES

P.O. Box 4216

RIVERSIDE

CA

92514

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS

HERMAN L. NEWSOM

11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

CITY

STATE

ZIP CODE

8243 SAN VICENTE AVE

RIVERSIDE

CA

92504

TYPE OF BUSINESS

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

Non-profit, Community Organization

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

HERMAN L. NEWSOM

PRESIDENT

5/27/2009

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

SIGNATURE

TITLE

DATE