



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

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**Non-Profit Corporation**

**Annual Report**

Filing Period: June 1 - June 30



[Help with this form](#)

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. 7-6-94) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:**

**1. Corporate ID No.**

**2. Name of Corporation**

**3. State of Incorporation**

State:

**4. Corporate Address in Rhode Island**

No. and Street:

City or Town:

State:

Zip:

Country:

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town:

State:

Zip:

Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PRESERVE AND PROMOTE ETHNIC CULTURAL EXPRESSIONS IN TERMS OF  
MUSIC, DANCE, FOOD, EDUCATION, CULTURAL EXHIBITS TO AMERICANS OF  
FRENCH AND FRENCH-CANADIAN DESCENT

**7. Names and Addresses of the Officers and Directors:**

All officers and directors must be listed. If officers and/or directors have been elected, the title

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By 348

**Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-8-23**

| Delete                   | Title          | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|--------------------------|----------------|------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> | PRESIDENT      | EDITH C FARIAS                                 | 591 BLACKROCK ROAD<br>COVENTRY, RI 02816- USA              |
| <input type="checkbox"/> | DIRECTOR       | ROBERT R FORCIER                               | 11 SPARROW CIRCLE<br>WEST WARWICK, RI 02893 USA            |
| <input type="checkbox"/> | VICE PRESIDENT | HARRIET LABOISSONNIERE                         | 155 PAWTUXET TERRACE<br>WEST WARWICK, RI 02893 USA         |
| <input type="checkbox"/> | SECRETARY      | JEANNE R. CARRIER                              | 23 FIELD AVE.<br>WEST WARWICK, RI 02893 USA                |
| <input type="checkbox"/> | TREASURER      | YVETTE G. HEROUX                               | 43 GARNET ST.<br>WEST WARWICK, RI 02893 USA                |
| <input type="checkbox"/> | DIRECTOR       | COLETTE FOURNIER                               | 18 HARMONY ST.<br>WEST WARWICK, RI 02893 USA               |
| <input type="checkbox"/> | DIRECTOR       | ROGER LALIBERTE                                | 23 FERNCREST AVE,<br>COVENTRY, RI 02816 USA                |
| <input type="checkbox"/> | DIRECTOR       | YVETTE LANDROCHE                               | 8 GREENE ST.<br>WEST WARWICK, RI 02893 USA                 |
| <input type="checkbox"/> | DIRECTOR       | DAVID J. LEGAULT                               | 88 LENOX AVE.<br>WEST WARWICK, RI 02893 USA                |
| <input type="checkbox"/> | DIRECTOR       | DIANE I. PLANTE                                | 18 PAYAN ST.<br>WEST WARWICK, RI 02893 USA                 |

|                   |  |             |  |           |     |
|-------------------|--|-------------|--|-----------|-----|
| Select From Below |  | Title       |  |           |     |
| First Name        |  | Middle Name |  | Last Name |     |
| Address           |  | City        |  | State     |     |
|                   |  |             |  | Zip       |     |
|                   |  |             |  | Country   |     |
|                   |  |             |  | Clear     | Add |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ROBERT R. FORCIER 11 SPARROW CIRCLE WEST WARWICK , RI 02893-

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

### Filer's Contact Information

*(Enter a contact name, mailing address and email.)*

Contact Name: ROBERT R. FORCIER

Business Name: **FRANCO AMERICAN HERITAGE**

No. and Street: 11 SPARROW CIRCLE

**- Same Address as -**

City or Town: WEST WARWICK

State: RI

Zip: 02893

Country: USA

Contact Phone: 401 821 0304

ext:

Contact Email: [fivebytwo@aol.com](mailto:fivebytwo@aol.com)

Clear

**Please provide an email address to receive an expedited response from the Corporations Division if**

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By 132389

the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.

**Signed this 17 Day of June, 2009 at 9:37:15 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By Edith C. Garas  
Signature of Officer of the Corporation

- ☒ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or  
☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.**

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-6. You hereby agree that any legal issues or causes of action arising from the submission of this filing

☐ Accept ☐ Decline

[Click HERE to Submit This Information](#)

Form No. 631  
Revised 09/07

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