



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 2011

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.

1. Entity ID No. 86087		2. Exact name of the Corporation La Providence #9			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address 436 Cranston Street		City Providence	Zip 02907
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island Philanthropic and Religious					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ghislain Joseph			Vice-President Name Jean-Frisco Jusme		
Street Address 193 California Avenue			Street Address 127 Irving Road		
City Providence	State RI	Zip 02905	City Warwick	State RI	Zip 02888
Secretary Name Jean-Claude Cayard			Treasurer Name Vincent Levros		
Street Address 17 June Street			Street Address 750 Laten Knight Rd		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02921
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Ghislain Joseph			Director Name Jean-Frico Jusme		
Street Address 193 California Avenue			Street Address 127 Irving Road		
City Providence	State RI	Zip 02905	City Warwick	State RI	Zip 02888
Director Name Jean-Claude Cayard			Director Name Vincent Levros		
Street Address 17 June Street			Street Address 750 Laten Knight Rd		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02921
9. REGISTERED AGENT IN RHODE ISLAND					
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, Receiver or Trustee

FILED

File Date **FEB 07 2012**

Check No _____

By: **V. Jusme**

FOR SECRETARY OF STATE USE ONLY

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.

Vincent Levros
Signature of Officer

02/03/2012

Date

Vincent Levros

Print or Type Name of Officer

Treasurer

Title of Officer