



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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. <u>161592</u>		2. Exact name of the Corporation <u>Lounnati Youth Leadership Foundation, Inc</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Community Services & youth activities</u>	
5. Principal office address <u>131 Fordson Ave #5 Cranston</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02910</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Llewellyn Cole</u>		Vice-President Name <u>Esther cole</u>	
Street Address <u>131 Fordson Ave #5</u>		Street Address <u>131 Fordson #5</u>	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	
Secretary Name <u>Llewellyn Cole</u>		Treasurer Name <u>Estle cole</u>	
Street Address <u>131 Fordson Ave #5</u>		Street Address <u>131 Fordson Ave #5</u>	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	
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 <u>Llewellyn Cole</u>		Director Name <u>Esther Cole</u>	
Street Address <u>131 Fordson Ave #5</u>		Street Address <u>131 Fordson Ave #5</u>	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	
Director Name <u>Ren Garcia</u>		Director Name <u>Mike Karbani</u>	
Street Address <u>11 panagansett Ave</u>		Street Address <u>224 ornms street 3rd floor</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	
8. 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: APR 15 2013
 Check No: 195240
 By: [Signature]
 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.

Llewellyn Cole 4/15/13
 Signature of Officer Date
Llewellyn Cole
 Print or Type Name of Officer
President
 Title of Officer