



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

2013

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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2013 JUN 20 AM 11:03

1. Entity ID No. 135357		2. Exact name of the Corporation La Triote de La Zone	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Education youth programs	
5. Principal office address 24 CARR ST		City Providence	State RI
		Zip 02905	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Jean-Robert FRANCOIS		Vice-President Name	
Street Address 24 CARR ST		Street Address	
City Providence	State RI	Zip 02905	
Secretary Name Freda DAZULME		Treasurer Name	
Street Address 38 Bellevue Ave		Street Address	
City Providence	State R.I	Zip 02907	
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 Linda H Dunn		Director Name Fr Raymond MALIN	
Street Address 40 MARY ST		Street Address 5 Mann Ave	
City New Port	State RI	Zip 02840	
Director Name Jean Robert francois		Director Name	
Street Address 24 Carr St		Street Address	
City Providence	State RI	Zip 02905	
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

File Date	FILED
Check No	JUN 20 2013
By	199824
FOR SECRETARY OF STATE USE ONLY	

Form No. 631
Revised: 05/2012

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.

Jean-Robert Francois 6/20/13
Signature of Officer Date
Jean-Robert Francois
Print or Type Name of Officer
President
Title of Officer