



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	City	State	Zip
Secretary Name Fredza DAZULME			Treasurer Name		
Street Address 38 Bellevue Ave			Street Address		
City Providence	State R.I	Zip 02905	City	State	Zip
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 MALM		
Street Address 40 MARY ST			Street Address 5 Mann Ave		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Jean Robert francois			Director Name		
Street Address 24 Carr st			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
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  
 Check No  
 By  
 FOR SECRETARY OF STATE USE ONLY

**FILED**

JUN 20 2013

19-199824

H.A.

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