



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

2014 JUN 26 PM 2:35
CORPORATIONS DIV

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 000026150		2. Exact name of the Corporation Alliance Francaise of Providence	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Promote and foster interest in the French Language and culture and support scholarship	
5. Principal office address 928 Smith Street		City PROVIDENCE	State RI
		Zip 02908	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Dominique Grégoire		Vice-President Name Carole Fiquet	
Street Address 325 Mount Pleasant Avenue		Street Address 497 Morris Avenue	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02908		Zip 02906	
Secretary Name Demetria Carr		Treasurer Name Vincent Lemos	
Street Address 31 Hilltop Avenue		Street Address 436 Cranston Street	
City DARRINGTON	State RI	City PROVIDENCE	State RI
Zip 02806		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 Henry Majewski		Director Name Gandhi Arak	
Street Address 41 Taber Avenue		Street Address 150 Ridge Street	
City PROVIDENCE	State RI	City PAWTUCKET	State RI
Zip 02906		Zip 02860	
Director Name Paul Lictar		Director Name Janet Germano	
Street Address 29 Orchard Place		Street Address 43 Arnold Avenue	
City PROVIDENCE	State RI	City CRANSTON	State RI
Zip 02906		Zip 02920	
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, duly Authorized Representative, Receiver or Trustee

File Date
Check No
By
FOR SECRETARY OF STATE USE ONLY

Form No. 631
Revised: 04/2014

FILED

JUN 26 2014

By KL 227293

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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.

Dominique Grégoire 6/26/2014
Signature of Officer or Authorized Representative Date

Dominique Grégoire - President
Print or Type Name of Officer or Authorized Representative