



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 2015

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. 81786		2. Exact name of the Corporation Family Lotion Society of Rhode Island INC.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Charitable			
5. Principal office address 39 Pleasant Street			City Woonsocket	State RT.	Zip 02895
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Phila Phomphakdy			Vice-President Name Pin Manivong		
Street Address 39 Pleasant Street			Street Address 130 South Street		
City Woonsocket	State RT.	Zip 02895	City Woonsocket	State RT.	Zip 02895
Secretary Name Douangdeuang Chockbengboun			Treasurer Name Chanh Sayaphat, Phouangpheth, Phila P.		
Street Address 85 Vineyard Street			Street Address 493 North Main Street		
City Woonsocket	State RT.	Zip 02895	City Woonsocket	State RT.	Zip 02895
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 Thongxay Bounswath			Director Name Oudom Thagnabouth		
Street Address 576 Grove Street			Street Address 51 Felix Street		
City Woonsocket	State RT.	Zip 02895	City Providence	State RT.	Zip 02908
Director Name Kongchanh Nhativong			Director Name T. Vantharattana Somoulak		
Street Address 51 Branch Street			Street Address 54 Phoebe Street		
City Cumberland	State RT.	Zip 02884	City Woonsocket	State RT.	Zip 02895
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

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.

FILED *Phila Phomphakdy* **6.30.15**
 Signature of Officer or Authorized Representative Date

JUN 30 2015
By: 251999 Phila Phomphakdy
 Print or Type Name of Officer or Authorized Representative

A.A.

File Date: **6/22/15**
 Check No: **11510**
 By: **AID SNOLLY**
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