



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. 000962172		2. Exact name of the Corporation Leaders Empowered to Advance Development	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island We provide education scholarships to college students in Cambodia.	
5. Principal office address 1005 Main St.		City Providence	State RI
		Zip 02860	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name Molly Soum		Vice-President Name Rebecca Flores	
Street Address 125 Pocasset Ave.		Street Address 78 Brayton Ave.	
City Prov	State RI	City Cranston	State RI
Zip 02909		Zip 02920	
Secretary Name Elvys Ruiz		Treasurer Name Marilyn Soum	
Street Address 1005 Main St.		Street Address 127 Pocasset Ave.	
City Providence	State RI	City Prov.	State RI
Zip 02860		Zip 02909	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name Molly Soum		Director Name Rebecca Flores	
Street Address 125 Pocasset Ave.		Street Address 78 Brayton St.	
City Prov.	State RI	City Cranston	State RI
Zip 02909		Zip 02920	
Director Name Elvys Ruiz		Director Name	
Street Address 1005 Main St.		Street Address	
City Providence	State RI	City	State
Zip 02860		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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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A.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.

Signature of Officer or Authorized Representative

Date

MOLLY SOUM

Print or Type Name of Officer or Authorized Representative