RI SOS Filing Number: 201600886960 Date: 06/20/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Non-Pro¿t Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30
Filing Fee: $20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.

1. Entity ID Number	2. Exact name of the Corporation
81320	LAO FRIENDSHIP, INC
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RHODE ISLAND	UNIT AND HELP EACH OTHER IN CASE OF EMERGENCY

5. Principal Of¿ce Address	City	State	Zip
26 CROSS STREET #1	WOONSOCKET	RI	02895

6. List ALL of¿cers (names and addresses) Check the box to indicate an attachment [X]

President Name: HENRY DETHAVONG			Vice-President Name: TAI NOSAVAN		
Street Address: 26 CROSS STREET			Street Address: 315 BURNSIDE AVENUE		
City: WOONSOCKET	State: RI	Zip: 02895	City: WOONSOCKET	State: RI	Zip: 02895
Secretary Name: SOUNTHONE INTHAPHONE			Treasurer Name: LOTSA DETHAVONG		
Street Address: 147 LONSDALE MAIN STREET			Street Address: 26 CROSS STREET#1		
City: LINCOLN	State: RI	Zip: 02865	City: WOONSOCKET	State: RI	Zip: 02895

7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment [X]

Director Name: PHONESY KACHITTAVONG			Director Name: PHANH SOUNNAKHONE		
Street Address: 18 AVENUE C			Street Address: 26 CROSS STREET #3		
City: WOONSOCKET	State: RI	Zip: 02895	City: WOONSOCKET	State: RI	Zip: 02895
Director Name: SOMPHANH SENGCHANH			Director Name: SAENG BOUALAPHANH		
Street Address: 718 FRONT STREET			Street Address: 35 FIFTH STREET		
City: WOONSOCKET	State: RI	Zip: 02895	City: WOONSOCKET	State: RI	Zip: 02895

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require ¿ling Form 641.

Under penalty of perjury, I declare and af¿rm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Of¿cer/Authorized Representative	Date
HENRY DETHAVONG	6-14-16
Signature of Of¿cer/Authorized Representative	

LAO FRIENDSHIP INC WOONSOCKET RI

FILED 02
JUN 20 2016
BY 219

Form No. 631
Revised 2016
133381-20-1136148