



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Non-Profit Corporation

- Filing period: June 1 - June 30
 → Filing Fee: \$20.00
 → Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 001661581		2. Exact name of the Corporation Free Lao Corp			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To Act as facilitator in Assisting Lao-Americans			
5. Principal Office Address 43 Golden View Drive			City Johnston	State RI	Zip 02919
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Praseuth Vannarath			Vice-President Name Kitta Mounsaleum		
Street Address 115 Clover Street			Street Address 88 Limerock Road		
City Stratford	State CT	Zip 06614	City Smithfield	State RI	Zip 02917
Secretary Name David Rajsombath			Treasurer Name Mark Sisouthichack		
Street Address 145 Calla Street			Street Address 68 Saunders Street		
City Providence	State RI	Zip 02905	City Allston	State MA	Zip 02134
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Phonexay Volarath			Director Name Bounnith Khamsyvoravong		
Street Address 1278 Forbes Street			Street Address 43 Golden View Drive		
City East Hartford	State CT	Zip 06118	City Johnston	State RI	Zip 02919
Director Name Sy Inthavong			Director Name Houmpheng Vongchampa		
Street Address 55 Kenyon Street			Street Address 33 Colton Street		
City Stratford	State CT	Zip 06614	City Worcester	State MA	Zip 01613
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative				Date	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

MAY 08 2017

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MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov