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

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2017 JUN 21 AM 9:18

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

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.	2. Exact name of the Corporation
41599	R.I Lao Women INC.
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
R.I	To help Lao women family during difficult times.

5. Principal office address	City	State	Zip
50 Paolino St	Johnston	R.I	02919

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Boumphak Phouthakoun			Sougphet Chanthaline		
Street Address			Street Address		
50 Paolino St			40 Oak hill Dr		
City	State	Zip	City	State	Zip
Johnston	R.I	02919	Johnston	R.I	02919
Secretary Name			Treasurer Name		
Virouna Pranasith.			Oudom Rajsasombat		
Street Address			Street Address		
512 Fairmount St			10 Lymen St		
City	State	Zip	City	State	Zip
Woonsocket	R.I	02895	Johnston	R.I	02919

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Pamila Soukamneuth.			Bouakham Khamsyvoravong.		
Street Address			Street Address		
140 Canterbury Lane			20 Carter Ave.		
City	State	Zip	City	State	Zip
East Greenwich	R.I	02818	Pawtucket	R.I	02861
Director Name			Director Name		
Tiengkham Nhativong			Darivanh Phongsavanh		
Street Address			Street Address		
149 Burlington St			84 Lucille St		
City	State	Zip	City	State	Zip
Woonsocket	R.I	02895	Woonsocket	R.I	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

FILED

File Date _____

Check No JUN 21 2017

By: _____ BY 306474

FOR SECRETARY OF STATE USE ONLY

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

BOUN PHAK PHOUTHAKOUN.
Print or Type Name of Officer or Authorized Representative

Form No. 631