



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 81320		2. Exact name of the Corporation LAO FRIENDSHIP			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island UNITE AND HELP EACH OTHER IN CASE OF EMERGENCY			
4. NAICS Code 813219 - Other Grantmaking					
6. Principal Office Address 315 BURNSIDE AVENUE		City WOONSOCKET	State RI	Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TAI NOSAVAN			Vice-President Name PHOUKONG APHONPHANH		
Street Address 315 BURNSIDE AVENUE			Street Address 20 FIFTH AVENUE		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Secretary Name SOUNTHONE INTAPHONE			Treasurer Name SAENG BOUALAPHANH		
Street Address 147 LONSDALE MAIN STREET			Street Address 35 FIFTH AVENUE		
City LINCOLN	State RI	Zip 02865	City WOONSOCKET	State RI	Zip 02895
8. 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 PHONESY KACHITTAVONG			Director Name KHOUAN PHIMMACHACK		
Street Address 18 AVENUE C			Street Address 74 ROBERT STREET		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Director Name SOMPHANH SENGCHANH			Director Name SATHAPHONE NAPHOSAYSAVATH		
Street Address 718 FRONT STREET			Street Address 310 WOOD AVENUE		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
9. 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative TAI NOSAVAN				Date 6-26-2017	
Signature of Officer/Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JUL 12 2017
BY  FORM 631 - Revised: 06/2017