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 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. 001341636	2. Exact name of the Corporation Community Provisions (ComPro)
3. State of Incorporation Rhode Island	4. Brief description of the character of business conducted in Rhode Island To Develop Run down Buildings in RI. (813319)

5. Principal office address	City	State	Zip
555 Broad Street	Central Falls	RI	02863

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

President Name			Vice-President Name		
Lakeesha M. Craig			NONE		
Street Address: 555 Broad Street			Street Address		
City: Central Falls	State: RI	Zip: 02863	City	State	Zip
Secretary Name: NONE			Treasurer Name: NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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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		
Lakeesha Craig			Jason Rocha Sr.		
Street Address: 555 Broad Street			Street Address: 555 Broad Street		
City: Central Falls	State: RI	Zip: 02863	City: Central Falls	State: RI	Zip: 02863
Director Name: Adriana Duque			Director Name		
Street Address: 555 Broad Street			Street Address		
City: Central Falls	State: RI	Zip: 02863	City	State	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

10:06 AM

FILED
APR 13 2018
BY 328663

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.

L M Craig 4/13/18
Signature of Officer or Authorized Representative Date

Lakeesha Craig
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014