



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 555 Broad Street		City Central Falls	State RI
		Zip 02863	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Lakeesha M. Craig		Vice-President Name NONE	
Street Address 555 Broad Street		Street Address	
City Central Falls	State RI	City	State
	Zip 02863		Zip
Secretary Name NONE		Treasurer Name NONE	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Lakeesha Craig		Director Name Jason Rocha Sr.	
Street Address 555 Broad Street		Street Address 555 Broad Street	
City Central Falls	State RI	City Central Falls	State RI
	Zip 02863		Zip 02863
Director Name Adriana Duque		Director Name	
Street Address 555 Broad Street		Street Address	
City Central Falls	State RI	City	State
	Zip 02863		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.			

RECEIVED
 2018 APR 13 AM 10:05
 SECRETARY OF STATE
 CORPORATIONS DIV

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

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.

10:06 AM JM Craig 4/13/18
 Signature of Officer or Authorized Representative Date

Lakeesha Craig
 Print or Type Name of Officer or Authorized Representative

FILED

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BY 328663