RI SOS Filing Number: 201862751770 Date: 4/24/2018 11:55:00 AM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

-> Filing period: June 1 - June 30

→ Filing Fee: \$20.00

2018 4	SECR
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→ Penalty: Additional \$25.00 fee if form is not filed by July 30.				<u> </u>) <u>m</u>		
1. Entity ID Number 2. Exact name of the Corporation							
110480	LaCase Development Corp						
3. State of Incorporation	5. State of Incorporation 5. Brief description of the character of business conducted in Rhode Island 1. DENE DENE MUSICAL HOUSENESS CONSTRUCTION OF THE PROPERTY OF THE PRO						
10 provide the very person of the will be and on the							
4. NAICS CODE TACELLITES & SERVECES SPECEL TEACH DEGISHED							
6 Bright OF HERE THERE PHSPIK, SCHALT POYTH RECENT WEDS							
6. Principal Office Address			City Don to a ha	State	Zip		
7. List ALL officers (names and addresses)			I KUNDANCE	IRA	02707		
President Name			Vice-President Name	ne box to indicate a	n attachment		
LAMBS (OMES)			VEAN HARRESON				
Street Address			Street Address A BROAD ST				
City D	State 7	2ip 02907	city-PVD	State	02907		
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zıp	City	State	Zip		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name			Director Name TULTA BUSH				
Street Address A. BROAD ST			Street Address 2014 32047 ST				
City PVD	State	Zip 2907	City (V)	State	Zio O 2907		
Director Name Sabbagh			Director Name				
Street Address / A 300000			Street Address				
City	State 0	zip02907	City	State	Zıp		
9. Registered Agent in Rhode Islan	d. This information i	s currently of record	I	equire filing Form 641			
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.							
This report must be signed by either the Prosident, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee, Name of Officer/Authorized Representative Date A							
JAMES.	A 78	MER	FILED	4/2	4//8		
Signature of Office / Authorized Representative							
SIGN DOCUMENT APRE 2 4 2018 11:55							

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov