



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
 Non-Profit Corporation

2019 JUN 21 PM 3: 36

- 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 0000-41599		2. Exact name of the Corporation RI LAO WOMEN INC	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To Help one another. adjust to the new Life in the US.	
4. NAICS Code 813319			
6. Principal Office Address 85 VINEYARD ST.		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 KAREN XAYAVONG		Vice-President Name DOUNG CHAI INTHAVONG	
Street Address 85 vineyard ST		Street Address 17 LUBEC ST	
City Woonsocket	State RI	City Providence	State RI
Zip 02895		Zip 02904	
Secretary Name VILAYA S TASAVANH		Treasurer Name OUHOME RAJSASOMBAT	
Street Address 85 Lucille ST		Street Address 10 Lyman Ave	
City Woonsocket	State RI	City Johnston	State RI
Zip 02895		Zip 02919	
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 BOUNPHAK PHOUTHAKOUN		Director Name TIENKHAMNHATHIVONG	
Street Address 50 PAOLINO ST		Street Address 399 Village Rd. APT# 14	
City Johnston	State RI	City Woonsocket	State RI
Zip 02919		Zip 02895	
Director Name PHET CHANTHALYMA		Director Name DALANY VONGRATSAMY	
Street Address 40 OAK Hill Dr		Street Address 1145 Plainfield ST	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative KAREN XAYAVONG			Date 6/21/19
Signature of Officer/Authorized Representative 			

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

FILED

JUN 21 2019

BY 57KN6 A.A.