



State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year:

2019

2020 NOV -5 P 12:01

2020 OCT 22 P 2:27

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 1681795 | | 2. Exact name of the Corporation We Love Cherissable | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island Resource to the Haitian Community | | | |
| 4. NAICS Code 813219 | | | | | |
| 6. Principal Office Address 239 Summer Street | | City Cranston | | State RI | Zip 02910 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Pastor Miche Desvalon | | | Vice-President Name Fanor Jean Baptiste | | |
| Street Address 84 Finch Ave | | | Street Address 6089 Newton Woods Dr | | |
| City Pawtucket | State RI | Zip 02860 | City Woon | State FI | Zip 33476 |
| Secretary Name Maryse D Chery | | | Treasurer Name | | |
| Street Address 239 Summer Street | | | Street Address | | |
| City Cranston | State RI | Zip 02910 | 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 <input type="checkbox"/> | | | | | |
| Director Name Pastor Miche Desvalon | | | Director Name Fanor Jean-Baptiste | | |
| Street Address 84 Finch Ave | | | Street Address 6089 Newton Woods Dr | | |
| City Pawtucket | State RI | Zip 02860 | City Woon | State FI | Zip 33476 |
| Director Name Olivera Jean-Jacques | | | Director Name | | |
| Street Address 2722 Coventry Lane | | | Street Address | | |
| City Ocoee | State FI | Zip 33417 | City | State | Zip |
| 9. The Registered Agent information of record with the RI Department of State is accurate. 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 Maryse D Chery | | | | | Date 10-22-2020 |
| Signature of Officer/Authorized Representative <i>Maryse D Chery</i> | | | | | |

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

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BY *Cal OESSM*
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FORM 631 - Revised: 08/2020