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State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2021

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	2. Exact name of the Corporation
001696239	United Free Lao Institute
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: 1. Center For Freedom and Human Rights Protection 2. Small Grant making and giving services Refugee Resettlement 3. Veterans and their families supportive services
4. NAICS Code: 813219 - Other Grantmaking a	

6. Principal Office Address	City	State	Zip
84 Lucille Street (1st Floor) (P.O. Box 2236)	Woonsocket	Rhode Island	02895-2236

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Vanmala Phongsavan			Vice-President Name: Debbie Y. Chase		
Street Address: 84 Lucille Street			Street Address: 16371 Shady View Lane		
City: Woonsocket	State: RI	Zip: 02895	City: Los Gatos	State: CA	Zip: 95032
Secretary Name: Malissa Ngovanduc			Treasurer Name: Debbie Y. Chase		
Street Address: 1312 17th St. #706			Street Address: 16371 Shady View Lane		
City: Denver	State: CO	Zip: 80202	City: Los Gatos	State: CA	Zip: 95032

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Houmphan J. Boungasiri			Director Name: Lamphoun Kitthirath		
Street Address: 1019 Mallott Drive			Street Address: 8569 Gleaner Crt		
City: San Jose	State: CA	Zip: 95121	City: Zealand	State: MI	Zip: 49464
Director Name: Prasart Vannarath			Director Name: Khambang Sibounheuang		
Street Address: 115 Clover Street			Street Address: 3306 Olsen Lane		
City: Stratford	State: CT	Zip: 066414	City: Nashville	State: TN	Zip: 37218

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Vanmala Phongsavan, CEO	6/1/21
Signature of Officer/Authorized Representative: Vanmala Phongsavan	

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

FORM 631 - Revised: 08/2020