



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2022  
Non-Profit Corporation

ST. 17

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>001681795</b>		2. Exact name of the Corporation <b>We Love Cherissable</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Helping the poor people in their needs here in Rhode Island and in Cherissable, La Gonave, Haiti</b>	
4. NAICS Code <b>813219</b>			
6. Principal Office Address <b>239 Summer Street</b>		City <b>Cranston</b>	State <b>RI</b>
		Zip <b>02910</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Miche Desvalon</b>		Vice-President Name <b>Faner Jean-Baptiste</b>	
Street Address <b>84 Finch Ave</b>		Street Address <b>2722 Conventry Lane</b>	
City <b>Pawtucket</b>	State <b>RI</b>	City <b>Ocoee</b>	State <b>Florida</b>
Zip <b>02860</b>		Zip <b>34761</b>	
Secretary Name <b>Maryse J Chery</b>		Treasurer Name <b>Oliviana Jean-Jacques</b>	
Street Address <b>239 Summer St</b>		Street Address <b>6089 Newton Drive</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>West Palm Beach</b>	State <b>Florida</b>
Zip <b>02910</b>		Zip <b>33417</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>James Loubert Jaboin</b>		Director Name <b>Veyonne Nereus</b>	
Street Address <b>21 Daniel Street</b>		Street Address <b>12752 Spring Run Road</b>	
City <b>Pawtucket</b>	State <b>RI</b>	City <b>Clermont</b>	State <b>Florida</b>
Zip <b>02860</b>		Zip <b>33711</b>	
Director Name <b>Norahy A. Chery</b>		Director Name	
Street Address <b>363 Smithfield Avenue</b>		Street Address	
City <b>Pawtucket</b>	State <b>RI</b>	City	State
Zip <b>02860</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate Changes require filing Form 641.			
<b>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.</b>			
<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 <b>Maryse J Chery</b>		Date <b>5/31/22</b>	
Signature of Officer/Authorized Representative <i>Maryse J 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

MAY 31 2022  
BY *QBAJ59V*