



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2022 OCT 28 P 3:16

1. Entity ID Number 001727463		2. Exact name of the Corporation Maronite League USA INC	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non-Profit company charity Food, money, Banquet	
4. NAICS Code 813410			
6. Principal Office Address 939 Social 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 ANTOINE ELHOSRI		Vice-President Name NABIL BAHRI	
Street Address 52 Blackstone st		Street Address 7433 Trail END	
City Mendon	State MA	City Jacksonville	State FL
Zip 01756		Zip 32277	
Secretary Name George Fum		Treasurer Name Antoine ELHOSRI	
Street Address Idoum done		Street Address 52 Blackstone st	
City Johnston	State PA	City Mendon	State MA
Zip 15905		Zip 01756	
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 (same) as		Director Name Same as above	
Street Address above		Street Address above	
City	State	City	State
Zip		Zip	
Director Name Same as		Director Name Same as	
Street Address above		Street Address above	
City	State	City	State
Zip		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.			
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 Antoine ELHOSRI		Date 10/28/2022	
Signature of Officer/Authorized Representative 		FILED 317	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

OCT 28 2022
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