



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Non-Profit Corporation

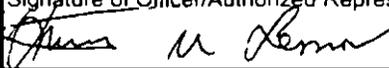
- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 RI DEPT. OF STATE
 BUS SVCS DIV

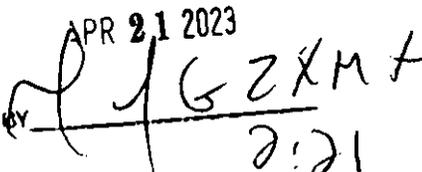
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RI
 SECRETARY OF STATE
 USE ONLY

2023 APR 21 P 2:21

1. Entity ID Number 000086087		2. Exact name of the Corporation LA PROVIDENCE #9			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PHILANTHROPIC AND RELIGIOUS.			
4. NAICS Code 813110					
6. Principal Office Address 436 CRANSTON STREET			City PROVIDENCE	State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GHISLAIN JOSEPH			Vice-President Name JEAN-CLAUDE CAYARD		
Street Address 193 CALIFORNIA AVENUE			Street Address 17 JUNE STREET		
City PROVIDENCE	State RI	Zip 02905	City CRANSTON	State RI	Zip 02920
Secretary Name JEAN-CLAUDE CAYARD			Treasurer Name VINCENT LEVROS		
Street Address 17 JUNE STREET			Street Address 750 LATEN KNIGHT RD		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
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 GHISLAIN JOSEPH			Director Name JEAN-CLAUDE CAYARD		
Street Address 193 CALIFORNIA AVENUE			Street Address 17 JUNE STREET		
City PROVIDENCE	State RI	Zip 02905	City CRANSTON	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.					
<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 VINCENT LEVROS				Date 04/19/2023	
Signature of Officer/Authorized Representative 				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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