



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
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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