



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 1

RECEIVED STAMP
R.I. DEPT. OF STATE
BUS SVCS DIV.

2023 APR 21 P 2: 20

1. Entity ID Number 001747613		2. Exact name of the Corporation GRAHN-USA			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island GEARED TO TOWARD SERVICES SUCH AS SOCIAL JUSTICE AND CITIZEN PARTICIPATION			
4. NAICS Code 813110					
6. Principal Office Address 750 LATEN KNIGHT ROAD			City CRANSTON	State RI	Zip 02921
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JUDITH L. LEVROS			Vice-President Name MARIE EVANGELINE R LUCIEN		
Street Address 750 LATEN KNIGHT ROAD			Street Address 7 HALLOWELL ROAD		
City CRANSTON	State RI	Zip 02921	City FOXBORO	State MA	Zip 02035
Secretary Name JUDITH L. LEVROS			Treasurer Name		
Street Address 750 LATEN KNIGHT ROAD			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
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 JUDITH L. LEVROS			Director Name MARIE EVANGELINE R LUCIEN		
Street Address 750 LATEN KNIGHT ROAD			Street Address 7 HALLOWELL ROAD		
City CRANSTON	State RI	Zip 02921	City FOXBORO	State MA	Zip 02035
Director Name NICOLE ST VICTOR			Director Name		
Street Address 750 LATEN KNIGHT R.			Street Address		
City CRANSTON	State RI	Zip 02921	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.					
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 JUDITH L. LEVROS				Date 04/19/2023	
Signature of Officer/Authorized Representative <i>Judith Levros</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

APR 26 2023

FORM 631 - Revised: 2/2023