



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

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 BUS SVCS DIV

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

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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