



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 APR 9 PM 3:07:21
STATE

Annual Report for the year: 2024
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.

1. Entity ID Number 000135357		2. Exact name of the Corporation PATRIOTE DE LA ZONE			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island EDUCATIONAL YOUTH PROGRAMS			
4. NAICS Code 813219					
6. Principal Office Address 166 RALEIGH AVE UNIT 1		City PAWTUCKET	State RI	Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GEORGE MILKOWSKI		Vice-President Name JEAN ROBERT FRANCOIS			
Street Address 166 RALEIGH AVE UNIT 1		Street Address 24 CARR ST			
City PAWTUCKET	State RI	Zip 02860	City PROVIDENCE	State RI	Zip 02905
Secretary Name BITUMA MONDESTIL		Treasurer Name CHRIS DURAND			
Street Address 58 LEXINGTON AVE		Street Address 304 JAMESTOWN RD			
City CRANSTON	State RI	Zip 02910	City EASLEY	State SC	Zip 29640
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 NOAILLES SAINT LOUIS		Director Name FALLON TANIA JEAN-GILLES			
Street Address 222 GENTIAN AVE		Street Address 228 NORTH ST			
City PROVIDENCE	State RI	Zip 02908	City WILLAMANTIC	State CT	Zip 06226
Director Name DRIU JEAN LOUIS		Director Name KERCOFFA FRANCOIS			
Street Address 193 PARK AVE		Street Address 40 HALL AVE APT 1			
City CRANSTON	State RI	Zip 02905	City SOMERVILLE	State MA	Zip 02144
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.					
<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 GEORGE MILKOWSKI					Date 4/9/2024
Signature of Officer/Authorized Representative GEORGE MILKOWSKI					

FILED

APR 9 2024

BY 03J&P

AR