

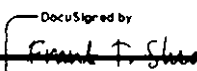
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State of Rhode Island  
Department of State - Business Services DivisionREC'D RIDOS BSD  
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Annual Report for the year: 2024

## 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 000116982		2. Exact name of the Corporation LACASA DEVELOPMENT CORPORATION	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide affordable housing to elderly and disabled persons on a nonprofit basis.	
4. NAICS Code 624120			
6. Principal Office Address 861A Broad Street		City Providence	State RI Zip 02907
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Frank T. Shea		Vice-President Name Vicky Walters	
Street Address 861A Broad Street		Street Address 861A Broad Street	
City Providence	State RI	City Providence	State RI Zip 02907
Secretary Name Kristin DeKuiper		Treasurer Name Kristin DeKuiper	
Street Address 861A Broad Street		Street Address 861A Broad Street	
City Providence	State RI	City Providence	State RI Zip 02907
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 Maghnee Gomes		Director Name Peter Lau	
Street Address 861A Broad Street		Street Address 861A Broad Street	
City Providence	State RI	City Providence	State RI Zip 02907
Director Name Michelle Brophy		Director Name Larry Kellam	
Street Address 861A Broad Street		Street Address 861A Broad Street	
City Providence	State RI	City Providence	State RI Zip 02907
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>			
<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 <b>Frank T. Shea, President</b>			Date 7/9/2024
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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 FORM 637-1 (REVISED 04/2023)