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**State of Rhode Island  
Department of State - Business Services Division**

**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 <b>000116982</b>		2. Exact name of the Corporation <b>LACASA DEVELOPMENT CORPORATION</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To provide affordable housing to elderly and disabled persons on a nonprofit basis.</b>			
4. NAICS Code <b>624120</b>					
6. Principal Office Address <b>861A Broad Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Frank T. Shea</b>			Vice-President Name <b>Vicky Walters</b>		
Street Address <b>861A Broad Street</b>			Street Address <b>861A Broad Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
Secretary Name <b>Kristin DeKuiper</b>			Treasurer Name <b>Kristin DeKuiper</b>		
Street Address <b>861A Broad Street</b>			Street Address <b>861A Broad Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
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>Maghnee Gomes</b>			Director Name <b>Peter Lau</b>		
Street Address <b>861A Broad Street</b>			Street Address <b>861A Broad Street</b>		
City <b>Providence</b>	State	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
Director Name <b>Michelle Brophy</b>			Director Name <b>Larry Kellam</b>		
Street Address <b>861A Broad Street</b>			Street Address <b>861A Broad Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
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 <b>7/9/2024</b>	
Signature of Officer/Authorized Representative <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">DocuSigned by</div> </div>					

**FILED**

**MAIL TO:** 14097BAG6A4424  
**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 531 (REVISED) 04/2023