



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

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 FOR
 SECRETARY OF STATE
 USE ONLY

Annual Report for the year: 2025

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 001761706	2. Exact name of the Corporation KA-USA
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island Non profit , non political, non sectarian, tax exempt organization to unite Lebanese people and advocate for social values.
4. NAICS Code 813319	

6. Principal Office Address 6 Cityview Circle	City North Providence	State RI	Zip 02911
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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 Dr. Bassem Razzouk			Director Name Dominique Tannous		
Street Address 7416 Fox Hollow Ridge			Street Address 4 CityView Circle		
City Zionsville	State IN	Zip 46077	City North Providence	State RI	Zip 02911
Director Name Michel Melhem			Director Name Joseph Mitri		
Street Address 59 Whitewood Road			Street Address 8 Riata Drive		
City Westwood	State Ma	Zip 02090	City Lincoln	State RI	Zip 02865

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 Atty. Jeane Tannous	Date 12/6/24
Signature of Officer/Authorized Representative 	FILED 2:32pm

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

DEC 06 2024
 BY LKS MOV34
 FORM 631- Revised: 12/2023