



State of Rhode Island
Department of State - Business Services Division

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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 <u>000081320</u>		2. Exact name of the Corporation <u>Loa Frienship INC</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Community work for emergency</u>	
4. NAICS Code <u>813219</u>			
6. Principal Office Address <u>545 Front St</u>		City <u>Woonsocket</u>	State <u>RI</u>
		Zip <u>02895</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Bounthy Phoumy</u>		Vice-President Name <u>Danny Xayachack</u>	
Street Address <u>545 front st</u>		Street Address <u>463 Atwells ave</u>	
City <u>Woonsocket</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02895</u>		Zip <u>02909</u>	
Secretary Name <u>Saonthone Inthaphone</u>		Treasurer Name <u>Bhuvan Phimmachack</u>	
Street Address <u>147 Lonsdale main</u>		Street Address <u>14 Roberts St</u>	
City <u>Lincoln</u>	State <u>RI</u>	City <u>Woonsocket</u>	State <u>RI</u>
Zip <u>02865</u>		Zip <u>02895</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Bounthy Phoumy</u>		Director Name <u>Danny Xayachack</u>	
Street Address <u>545 front st</u>		Street Address <u>463 Atwells ave</u>	
City <u>Woonsocket</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02895</u>		Zip <u>02909</u>	
Director Name <u>Saonthone Inthaphone</u>		Director Name	
Street Address <u>147 Lonsdale main</u>		Street Address	
City <u>Lincoln</u>	State <u>RI</u>	City	State
Zip <u>02865</u>		Zip	
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 <u>Bounthy Phoumy</u>		FILED	Date <u>5/5/25</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>		MAY 06 2025 #9STV	

MAIL TO:
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Website: www.sos.ri.gov