



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001766657

2. Name of Corporation Lowell Community Loan Fund Inc.

3. State of Incorporation

State: MA

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

522298

4. Principal Office Address

No. and Street: 50 ISLAND ST.

SUITE 103

City or Town: LAWRENCE

State: MA

Zip: 01840

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THE PURPOSE OF THE CORPORATION INCLUDES BUT IS NOT LIMITED TO
ADVANCING

COMMUNITY REVITALIZATION, DEVELOPMENT, AND EMPLOYMENT

OPPORTUNITIES IN LOW-

INCOME COMMUNITIES AND ELIMINATING PREJUDICE AND DISCRIMINATION
BY, AMONG

OTHER MEANS, FOSTERING THE GROWTH OF SMALL BUSINESSES, INCLUDING

THOSE OWNED OR OPERATED BY WOMEN AND MINORITIES, PARTICULARLY BLACKS AND LATINX;
MITIGATING GROWING WEALTH AND INCOME INEQUALITY, AND REMOVING STRUCTURAL BARRIERS TO RACIAL ECONOMIC EQUITY, THROUGH THE FOLLOWING ACTIVITIES, AMONG OTHERS:

ASSISTING, INCLUDING PROVIDING LOANS TO, LOW- AND MODERATE-INCOME PERSONS AND FAMILIES AND COMMUNITY ORGANIZATIONS TO DEVELOP, ACQUIRE, IMPROVE, OPERATE, RENOVATE, AND/OR REFURBISH HOUSING.

ENCOURAGING AND SUPPORTING THE STARTUP AND EXPANSION OF SMALL BUSINESSES, INCLUDING BUT NOT LIMITED TO PROVIDING EXTENSIVE TECHNICAL ASSISTANCE SUCH AS EDUCATIONAL PROGRAMS, TRAINING, STRATEGIC ADVICE AND MENTORING, OPERATIONAL SUPPORT IN AREAS SUCH AS MARKETING, WEBSITE DEVELOPMENT, AND TECHNOLOGY, NETWORKING OPPORTUNITIES TO FOSTER ACCESS TO CAPITAL AND MARKETS; AND PROMOTING SUPPLIER DIVERSITY.

INVESTING IN AND LENDING TO SMALL BUSINESSES IN LOW-INCOME COMMUNITIES AND OWNED OR OPERATED BY WOMEN AND MINORITIES, WITH A FOCUS ON BUT NOT LIMITED TO BUSINESSES OWNED OR OPERATED BY BLACKS AND LATINX.

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MALIA LAZU	5 AKRON ST. BOSTON, MA 02119 USA
TREASURER	LISA KOZOL	95 S. BRADFORD ST. NORTH ANDOVER, MA 01845 USA
CLERK	ABEL VARGAS	610 HAVERHILL ST. LAWRENCE , MA 01841 USA
DIRECTOR	NANCY STAGER	42 AUTUMN LANE READING , MA 01867 USA

DIRECTOR	ABBOTT LAWRENCE	18 ALDWORTH ST. JAMAICA PLAIN , MA 02130 USA
DIRECTOR	QUINCY MILLER	265 FRANKLIN ST. BOSTON, MA 02110 USA
DIRECTOR	MATTHEW HANSON	52 FISHRE AVE. BOSTON , MA 02120 USA
DIRECTOR	MICHELE WITTS	77 WAGON WHEEL ROAD DRACUT, MA 01850 USA
DIRECTOR	ORLANDO WATKINS	1038 BEACON ST. #203 BROOKLINE , MA 02446 USA
DIRECTOR	DAN RIVERA	517 MOODY ST. LOWELL, MA 01854 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

LISA M. KRESGE 362 BROADWAY PROVIDENCE , RI 02909

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 11 Day of July, 2025 at 11:11:26 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By FREINY PENA
Signature of Authorized Person

Form No. 631
Revised 09/07

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