

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90199 049 ****70.00

DOCUMENT # N93000001947

1. Entity Name
**THE FRIENDS OF THE UNIVERSITY OF THE HOLY
SPIRIT OF KASLIK, INC.**



Principal Place of Business

**456 ROCK STREET
FALL RIVER, MA 02720
11706 BOWMAN GREEN DR
RESTON VA 20190-3501**

Mailing Address

**456 ROCK STREET
FALL RIVER, MA 02720
11706 BOWMAN GREEN DR
RESTON VA 20190-3501**

DO NOT WRITE IN THIS SPACE



05012008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-0405247

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ASMAR, RAYMOND G.
2389 CORAL WAY
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME NAAMAN, PAUL REV
STREET ADDRESS **50 MAIN ST 11706 BOWMAN GREEN DR**
CITY- ST- ZIP **PAWTUCKET, RI 02860 RESTON VA 20190-3501**

TITLE TD
NAME LAOULACHE, RAYMOND PHD
STREET ADDRESS 801 ST JAMES COURT
CITY- ST- ZIP PROVIDENCE, RI 02904

TITLE SD
NAME THOMAS, DMD, ESQ., RODNEY
STREET ADDRESS 18 HUDSON PLACE
CITY- ST- ZIP PROVIDENCE, RI 02905

TITLE P
NAME HAGE, GEORGE
STREET ADDRESS 12751 MAPLEWOOD COURT
CITY- ST- ZIP POWAY, CA 92064

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul Naaman **PAUL NAAMAN**

MAY 1, 2008

703 834-0711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #