

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street Providence, Rt 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR (") / Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * 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 first content of the content

to a penalty fee of \$25,00.				- -		
1. Corporate ID No. 152 195	2. Name of Corporation AFRICA READS, INC.					
3. State of Incorporation RHODE ISLAND	4. Corporate addre	ss in Rhode Island - Street Addr	ess	City	Zip	
5. Foreign corporation. Enter p	rincipal office address	***	City	State	Ziţi	
LIMPE FLERE	educational p 24	varposes as Provide	Island No ACCESS TO BOLKS TO CHMENT) FILL IN SPACES			
President Name Racheal Adrino-Spillberg (Director)			Vice President Name NONE			
Street Address 334 Wickenden Street			Street Address			
Providence	State R I	^{Zφ} 62903	City:	State	Zip	
secretary Name Richard Spillberg			Treasurer Name Rick Cohen			
Street Address 334 Wickendan Street			Street Address: 6 Phosont for			
Providence	State PI	^{Zip} 02903	City Wayland	State MA	02162	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23						
PACHEAL ADLIKO - Shuber			Director Name Richard Spillberg Street Address			
334 Wickensen Street			Street Address 334 Wickendon Street City Providence State RI D2903			
Providence Director Name	State RI	D2903	Providence	State R.I	D2903	
Director Name			Director Name	<u> </u>	•	
Street Address			Street Address			
City:	State	Zip	City	State	Zīp	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Chair Agent Name Rechal Adriko - Spillburg			Address			
Address	•		234 Wichens Cay Providence R	ZI Zip	02903	
This report mu	st be signed by eith	ner the President, Vice Pre	esident, Secretary, Assistant Se	*		

FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date	statements contained herein are true and correct.
Check No. 11-38705	Signature of Officer Date Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Secrety Title of Officer Form 631 Rev. 03/07