State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of Sta
Corporations Divisi
100 W. River Str
Providence, RI 02903-
401-222-

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

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. 7-6-54, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-53) is subject to a penalty fee of $25.00.*

Corporate ID No. 24142

2. Name of Corporation R.I.G.H.T.

Date of Incorporation 1

3. Corporate address in Rhode Island - Street Address 73 WRIGHT LANE

City N. KINGSTOWN *Zip* 02852

Foreign corporation. Enter principal office address *City* *State* *Zip*

4(a) Description of the character of the activities which are actually conducted in Rhode Island

EFORM PROPERTY TAXES AND INFORM PUBLIC ABOUT PROPERTY TAX INEQUTIES

NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Officer Name R. HARVEY WAXMAN
Address 3 WRIGHT LANE
City . KINGSTOWN *State* RI *Zip* 02852

Vice President Name EDWIN NICHOLSON
Street Address 8 WRIGHT LANE
City N. KINGSTOWN *State* RI *Zip* 02852

Secretary Name R. HARVEY WAXMAN
Address 3 WRIGHT LANE
City . KINGSTOWN *State* RI *Zip* 02852

Treasurer Name
Street Address
City *State* *Zip*

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

Director Name R. HARVEY WAXMAN
Address 3 WRIGHT LANE
City I. KINGSTOWN *State* RI *Zip* 02852

Director Name EDWIN NICHOLSON
Street Address 73 WRIGHT LANE
City N. KINGSTOWN *State* RI *Zip* 02852

Director Name
Address
City *State* *Zip*

Director Name ROBERT CARNIAUX
Street Address 42 CONCORD AVE.
City N. KINGSTOWN *State* RI *Zip* 02852

REGISTERED AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 641 -R.I.G.L. 7-6-53 / 7-6-78

Name DR. HARVEY WAXMAN
Address 73 WRIGHT LANE
City N. KINGSTOWN *Zip* 02852

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

[redacted]

File Date FILED
Check No. DEC 14 2007
By By 3332

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer 12.11.07 *Date*

Print or Type Name of Officer HARVEY WAXMAN

Title of Officer PRES

[redacted]