

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401 222 3040

Form 631 Rev. 12/06

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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101.2 t within the time prescribed by law (R.L.G.L. 7-6-91) is subject

In accordance with R.I.G.L. 7-0-94, each corporation judging to rejusing to it a penalty fee of \$25.00.	*			
1. Comparate 10 No. 14 2. Nagree of Comparation HSO CLO CLO ON ON	no Folaxos de NUE	Va Inglatern		
3. State of Incorporation 4. Corporate address in Rhodg Island - Street Address	st. Provi	Leng 03907		
5. Foreign corporation. Enter principal office address	City N/A State N/	A ZUNA		
6. Brief Description of the character of the affairs which are actually conducted in Rhode island. PRESERVED VINE TOURS OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
MASHIN RINCON.	Vice President Name ANA CH	TRINOS		
siren Addres 221 SUFFILL Are,	Street Address 78 Con X	re st.		
Cay Pay tucket Sun RI 2402861	on faw tucket R.	Z 2860		
Secretary Nauge Polion.	Treasurer Name /UE//Y S	GANCHEZ.		
street Address Wane ST	Street Additions 24 Aven Al	ne ave.		
ENAMES AND ADDRESSES OF THE DIRECTORS: (X' BOX FOR ATTACK	City YO U COUCE State KI HMENT) FILL IN SPACES BEFORE USIN	T 24 0280 4 I		
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) C	ORPORATION SHALL NOT BE LESS THA	N THREE (3). R.I.G.L. 7-6-23		
Director Name 1 / Fredo Chirings	Director Name LUCY K	oblano.		
Street Address 22 1 SUF FOLK AVE	Street Address 52 Hill	's st.		
City President State RI 24 8286/	No AHelson Sune M	A 24 02116		
Director Name Isabel chamung	Director Name Javier	ALFONZO.		
Street Address 16 AFCICA ST.	Street Address 64 Flore	57.		
WOULDER State KI ZW 2908 City VOULD State KI ZW 2904. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78				
Agent Name	Address			
Address	City	Zip		
mile and he signed by either the President Vice Pres	ident Secretary, Assistant Secretary, Treasu	urer Receiver or Trustee		

		Under penalty of peniury, I declare and affirm that I have report, including any accompanying schedules and state	ave examined this ments, and that all
File Date _	FILED	statements contained herein are true and correct.	2/2
Check No	FEB 0.7/ 2008	Signature of Officer 1/ASMY/ RIM CO	Pate
Ву:	By 137	Printer Type Name of Officer 1001.	
FC	OR SECRETARY OF STATE USE ONLY	Title of Officer	421 Pay 12/06