

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

401.222.31

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

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| This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasuret Leave Colon of the Colon  | 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOK FOR ATTACHMENT)   FILL IN  President Name  MICHAEL GORMAN  Street Address  3   Greenlake Dr  City  Street Address  Secretary Name  IRACY BRETON  Street Address  174 Columbia Que  City  City  City  City  City  Street Address  174 Columbia Que  City  Ci | STASIONOWOSKI  Errin Que  State R.I.  DOD HILL Rd  State K.I.  N SPACES BEFORE USING ATTACHMENTS   |  |  |
| This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee  Trust Marker of Park of Pa | President Name  MICHAEL GORMAN  Street Address  3   Greenlake Dr  City  Street Address  Secretary Name  IRACY BRETON  Street Address  174 Columbia Que  City  City  City  Street Address  Stre | errin Que    State   Zip 02861     NETTE JOHNSON     OD HILL Rd     State   Zip     O3882     N SPACES BEFORE USING ATTACHMENTS  |  |  |
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| Director Name  PAM ESTEN  Street Address  19 Chaloret Court  102 Lorneward Lagren  City Ctanton  Street Address  19 Chaloret Court  102 Lorneward Lagren  Director Name  City Ctanton  State  19 Director Name  City Ctanton  Street Address  Address  Address  211 Wood Hill Rd  Address  This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee  | Director Name PAM ESTEN Director Name Cilcon   |  |  |  |
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| This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee   | 1 m ces 2000 gam V   |  |  |  |
| Agent Name  Address  This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee  | Congaver & GAM.  | len are  |  |  |
| Agent Name Address  Address  This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee  |  | 11 21 100  |  |  |
| Address  Add |  | of Form 641 - R.I.G.I. 7-6-13 / 7-6-78   |  |  |
| This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee   | 1 <sup>*</sup> • * * * * * * * * * * * * * * * * * *   | ''''' ''' ''' ''' ''' <b>'</b> ''' <b>''</b> '''' <b>''</b> ''' <b>''</b> ''' <b>''</b> ''' <b>''</b> ''' <b>''</b> ''' <b>''</b> ''' <b>''</b> '''''''''''  |  |  |
| This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee   | Cartain all Caharan 2/1  | Wood Hill Rd   |  |  |
| This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee   | Address City   | Zip  |  |  |
| This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee   | Rarra  | Granett n2882  |  |  |
|  |  | //   |  |  |
|  | This report must be signed by either the President, Vice President, Secretary, A   | Esistant Secretary, Treasurer, Receiver of Trustee   |  |  |
|  |  |  |  |  |
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|  | TV- des cas  |  |  |  |
| 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.  |  |  |  |  |
| 2/7/08   | Tile Date  | 2/7/08   |  |  |
| File Date  | Signature e  | of Officer Date  |  |  |
| Signature of Officer Date  |  | <del></del>  |  |  |
|  | Print or T   | vpe Name of Officer  |  |  |
|  | Pro  |  |  |  |
| Charles To della Cont  | FOR SECRETARY C. STATE USE ONLY  | #-# > 1.0 K 1" F   |  |  |

Title of Officer