

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904 2615 401,222,3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 401 222 3.

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 breath; for all \$18.00.

to a penalty fee of \$25.00.									
1. Corporate ID No.	2. Name of Corpor	2. Name of Corporation							
000115178		Association, Inc.			TW.				
3. State of Incorporation		ess in Rhode Island - Street .:	Cily	Zip					
Rhode Island	167 Elwyn S	itreet		Cranston	02920				
5. Foreign corporation. Enter principal office address			City	State	Zip				
				RI					
6. Brief Description of the chard	ucter of the affairs which	are actually conducted in Rl	bode Island						
Domestic NOn-Profit Co	orporation								
7. NAMES AND ADDRE	SSES OF THE OFFI	CERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPA	CES BEFORE USING	G ATTACHMENTS				
President Name			Vice President Name						
Mrs. Hawa V. Brown	ì <u> </u>		Mr. Charlesmond K. Sumo						
Street Address			Street Address						
61 Payton Street			433 Woonasquatucket Avenue Apt. 31						
Cily	State	$Z_{i}p$	City	State	Zip				
Providence	RI	02909	North Providence	<u> </u> RI	02911				
Secretary Name Mr. Zobong B. Norman			Treasurer Name Ms. Pandora Roberts						
Stroot Address			Street Address						
34 Knowles Street			10 George Street Apt. 38						
City	State	Zip	City	State	Zψ				
Pawtucket	RI	102860	Pawtucket ATTACHMENT) FILL IN SPA	RI	02860				
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLA Director Name Mr. Tarweh Anderson			Director Name Mr. George Coleman Street Address						
Street Address									
17 Oakland Avenue	State	Zip	City	87 Linwood Avenue Apt. 2 (Rear)					
City	RI	02906	Providence	RI	02909				
Cranston	KI	102300	Director Name		10200				
Director Name Mr. Abraham Sheriff			Director stante						
Street Address			Street Address						
135 Putnam Street									
City	State	Zip	City	State	Zip				
Providence	RI	02909	1						
9 REGISTERED AGENT	IN RHODE ISLAN		Changes require filing of F	огд 641 - R.I.G.L.	7-6-13 / 7-6-78				
Agent Name	at minder formit		Address						
Edwin Folly MCGill									
		<u> </u>	Ciln	City Zip					
Address			1 "	Cranston 02920					
167 Elwyn Street			Cransion	O Carlotton					
This report t	must be signed by e	ither the President. Vic	e President, Secretary, Assista	int Secretary, Treasur	rer, Receiver or Trustee				
•									
			ILED						
		3	No has here						

			FILED		
	0 0 1	1 5 1 7	FEB 2 0 2008	Under penalty of perjury, I declare and a report, including any accompanying scheduler	ffirm that I have examined this lules and statements, and that all
File Date Check No			By 34 23-5028 1:02 1:02	Signature of Options Charlesmond K. Sumo Print or Type Name of Officer Vice President	2/19/08 Date
FOR	SECRETARY OF STATE USE	71915	SECRETARY SECRIVE	Title of Officer	Form 631 Rev. 12/06