

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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
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 penalty fee of \$25.00.

| 1. Corporate ID No. 2. Name of Corporation 29514 Rhod.u.I.S. | and Lape Jero | bul Associ | ation | |
|---|---|---------------------------------|---------------------|--|
| 3. State of Incorporation 4. Corporate address in Rhode Isla P. G. B. X. 9 | ind - Street Address | Prov. R.I. | 02 940 | |
| 5. Foreign corporation. Enter principal office address 20 WWLL down AVENU | y Sa. Prox, | State R. D. | 02914 | |
| Ward-Scholarships FOR STIGETTS MONEY FOR SCHOLARS FOR RUSE | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" I | BOX FOR ATTACHMENT) 🔲 FILL IN SPAC | ES BEFORE USING ATTACHMI | INTS | |
| President Name YNONNE & Burboza | Vic g President Name TLORENCE | HULLand | d | |
| Street Address Swall 5 + | JU WhELDO | NAVO. Apti- | 204 | |
| Parkove R. I. Zip | 2907 Car PIN. | State R.I. | 02914 | |
| Thyhiss Stavs | Treasurer Name | - Bornes | | |
| 65 Payron st. | Street Address So- 1 | Nater | | |
| Providence R. I. Z. | 2 904 NOW BOS FO | nd mass Zi | 02740 | |
| 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 | | | | |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RH | Director Name | A | v v.v. v. v. v. z.) | |
| WONNE C- Barboza | EVERET. | T Comes | | |
| 26 Lixon ST. | 5. So. W | | 714 | |
| PawideNCE State R. I - Zip O. | 2907 New Best | the simess. | 62740 | |
| Thorow Wall | Director N t me | | | |
| Street Address, / / / | *** | | ··· | |
| TO Wheldow AVE. APT | | | ··· | |
| City State R. I- Zip | 204 City | | Sip | |
| State F. F. Zip 9. REGISTERED AGENT IN RHODE ISLAND - DO NOT | 204 City City ALTER - Changes require filing of Fo | | | |
| State F. Zip 9. REGISTERED AGENT IN RHODE ISLAND - DO NOT | 204 Cuy ALTER - Changes require filing of Fo | rm 641 - R.I.G.L. 7-6-13 / 7-6- | | |
| State F. F. Zip 9. REGISTERED AGENT IN RHODE ISLAND - DO NOT | 204 Cuy ALTER - Changes require filing of Fo | | | |
| State F. Zip 9. REGISTERED AGENT IN RHODE ISLAND - DO NOT | 2914 City ALTER - Changes require filing of Fo Address City | rm 641 - R.I.G.L. 7-6-13 / 7-6- | 78 | |

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| MAY 0 7 2008 By MIF File Date 81:230 L-3202218 Check No. AIC By: 1 03/13/13 | 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. White Statements State |
| FOR SECRETARY OF STATE USE ONLY | Title of Officer Form 631 Rev. 03/07 |