

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 2008

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 Corp | 2. Name of Corporation | | | | |
|--|---------------------------|---|----------------------------------|---|--|--|
| 159964 | The Mather | The Mathew Foundation | | | | |
| 3. State of Incorporation | 4. Corporate add | 4. Corporate address in Rhode Island - Street Address | | | Zip | |
| Rhode Island 103 Webster Street | | | | Pawtucket | RI | |
| 5. Foreign corporation. Enter principal office address | | | City | State | Zip | |
| N/A | | | N/A | N/A | N/A | |
| 6. Brief Description of the char | acter of the affairs whic | h are actually conducted in R | Phode Island | | · · · · · · · · · · · · · · · · · · · | |
| Non-Profit Immigrant's | Rights Corporation | n | | | | |
| | | | | | and the second of the second o | |
| | SSES OF THE OF | FICERS: ("X" BOX FOR A | TTACHMENT) 🔲 FILL IN SPAC | CES BEFORE USING AT | TACHMENTS | |
| President Name | | | Vice President Name | | | |
| Edwardo Mathew | | | Arianna Mathew | | | |
| Street Address | | | Street Address | | | |
| 25 River Run | | | 25 River Run | * | 1 | |
| City | State | Zip | City | State | Zip | |
| E. Greenwich | RI | 02818 | E. Greenwich | RI | 02818 | |
| Secretary Name | | | Treasurer Name | | | |
| Lilliana Andrade | | · · · · · · · · · · · · · · · · · · · | | | | |
| Street Address | | | Street Address | | | |
| 103 Webster Street | | | | | | |
| City | State | Zip | City | State | Zip | |
| Pawtucket | RI | 02861 | | an alaman an a | e i i i i y 🎚 ene ja kajana jaja i neci i ji | |
| 있다. 이 의사의 외국의 그녀에 나타나 사가 그리고 | | | ATTACHMENT) TILL IN SPA | | | |
| | ECTORS OF A DO | MESTIC (RHODE ISLA | ND) CORPORATION SHALL | NOT BE LESS THAN T | HREE (3). R.I.G.L. 7-6-25 | |
| Director Name | | | Director Name | | | |
| Edwardo Mathew | | | Arianna Mathew | | | |
| Street Address | | | Street Address | | | |
| 25 River Run | | | 25 River Run | | | |
| City | State | Ζip | City | State | Ζip | |
| E. Greenwich | RI | 02818 | E. Greenwich | Ri | 02818 | |
| Director Name | | | Director Name | | | |
| Lilliana Andrade | | | | | | |
| Street Address | | | Street Address | | | |
| 103 Webster Street | | | | | | |
| City | State | Zip | City | State | Zip | |
| Pawtucket | Rt | 02861 | | | | |
| 9. REGISTERED AGENT | ' IN RHODE ISLAI | ND - DO NOT ALTER - | Changes require filing of Fo | rm 641 - R.I.G.L. 7-6- | 13 / 7-6-78 | |
| Agent Name | | | Address | | | |
| Edwardo Mathew | | | | | | |
| Address | | | City | Zip | | |
| 103 Webster Street | | | Pawtucket | 02861 | | |
| | · · · · | | | | | |
| This report r | nust be signed by e | either the President. Vic | e President, Secretary, Assistan | t Secretary, Treasurer, I | Receiver or Trustee | |

| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Under penalty of perjury, I declare and affirm that I have examined this | | |
|---------------------------------------|---|--|--|
| FILED | report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Signature of Officer Date | | |
| Check No. By \square 33 | Lilliana Andrade Print or Type Name of Officer | | |
| FOR SECRETARY OF STATE USE ONLY | Executive Assistant Title of Officer | | |