

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 401.22

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In a contain the of \$25.00

to a penalty fee of \$25.00.		me preserioen by util (R.	LGL. 7-0-91) is subjec		
1. Corporate ID No. 131983 2. Name of Corporation WOOD 2101 S					
3 State of Incorporation 4. Corporate address in Rhode Island - Street Address	neowners De	550C12+107			
Khode Island 70 Sulvan U	dy	Kington	02881		
5. Foreign corporation. Enter principal office address	City.	State	Zip		
6. Brief Description of the character of the affairs which are actually conducted in Rhode Is	land	<u> </u>			
Today along a grant of the state of the stat					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X JOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS ! ("X JOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS !					
President Name	Vice President Name	TORE USING ATTACH	ments \bigcirc		
Street Address	Kevin	<u>Pelton</u>			
41 Sylvan Way	Street Address 87 St	Ilvan War	1		
Kingston State 721 02881	Kingston	Siate 72	18868		
Porbara Lucas	Treasurer Name Darlene	Ortolano S	Sterm		
Street Address 41 Sylvan Way	Street Address 34 Syl	van Wau	- L		
City Kingston Suite 72I 202881	Kingston	State 721	240 288 I		
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) (Director Name	CORPORATION SHALL NOT BE	E LESS THAN THREE	(3). R.I.G.L. 7-6-23		
Gregory F. Chilson, Jr	Director Name	Athanas			
70 Sylvan Way	Street Address 39 St	Ilvan War	1		
City Kingston State PII Zip 02881	City Kinoston	State 721	02881		
Director Namo Jeremy P. Martin	Director Name		•		
Greet Address 69 Sulvan Way	Street Address				
Lingston State 12 - Zip 02881	City	State	Zip		
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.L.G.L. 7-6-13 / 7-6-78					
Derlene Ortolano Stern	34 Sylvan Way				
Address	City				
	Kingston 02881				
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee					

File Date	FILED	
Check No	JUN 03 2008	
Ву:	By 1063	
FOR SECRETARY OF STATE USE ONLY		

	
Under penalty of perjury, I declare and affirm that I report, including any accompanying schedules and statements contained beginning to the contained begin	have examined this attements, and that all
statements contained herein are true and correct.	1 1
tailere Citolano Ser	~ 6/1/08
Signature of Officer	Date
Darlene Ortolano S	tern
Print or Type Name of Officer	
Treasurer	
Title of Officer	
	Form 631 Rev 12/06