

## 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 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

\* In a parally for \$655.00 to a penalty fee of \$25.00.

1. Corporate ID No. <b>263   13</b>	2. Name of Corporation THE CHARLE	S EDWIN MEMOR	IHL MASCHICHUME ASSN	•		
3. State of Incorporation R.I.	4. Corporate address in Rhode Island - Street Address 6. STEPHEN LADN. 9 MUSKET RD		City 2 /N COLM	02865		
5. Foreign corporation. Enter prin	ncipal office address		City	State	Zip	
	rs Atobeine En	R MASTER MAS	ONS AND ROLATIVES	4460 SSR-811 1-2		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name BRIAM PICKHOVE F			Vice President Name NELSON L. KAY			
Street Address 396 WILLOW ST			Street Address 8:42 WILLDIN ST			
City MANSFIELD	State MA	Zip ©204 <b>8</b>	City FAMILY CKE !	State (%)	Zip ←2 ¥6¢	
Secretary Name STEPHEN LADA			Treasurer Name  CHARLES SHOTTER			
Street Address 9 MUSKET RD			Street Address 7 AVENUE E			
City LINCULLY	State (2)	Zφ 02865	City LINCOL-N	State R	2ip 02 E 6 S	
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Street Address 7 ANDIZEWS DRIVE			Street Address POBUA 2068			
City L/NCULN	State R I.	Ziφ Ο 2 ε 6 5	City PANETUC RET	State P2 I	<i>Ζip</i> <b>c 2 ξ ( )</b>	
Director Name ROLAND HILL			Director Name SAMUEL SIKEL			
Street Address 16 CUMBERLAND ST			Street Address 126 FRONT ST			
CUM FERLAND	State R (	Zip 02864	City	State &	Zφ 02860	
9. REGISTERED AGENT IN  Agent Name  STEPHEN		O NOT ALTER - Char	nges require filing of Form  Address	641 - R.J. G.L. 7.6-13	And Society and Annual Conference of the Confere	
Address 9 MUSKET	- RO		LINCOLU	Zip O	2865	
This report must	be signed by either t	he President, Vice Pre	sident, Secretary, Assistant Se	cretary, Treasurer, Re	ceiver or Trustee	

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FOR SECRETARY OF STAT	E USE ONLY

Under penalty of perjury, I declare and affirm that I have	e ex	amir	ied thi	
report, including any accompanying schedules and stateme	ents,	and	that al	l
statements contained herein are true and correct.	1	1	i	

stephen	Lade	
Signature of Officer		

STEPHEN LADA

Print or Type Name of Officer

SECRETARY