

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040 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.	15.00
1. Corporate ID No. 2. Name of Corporation 76667 70RNING	`^
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address	City Zip
RI FIVE KIDS WAY	PAWTUKET 02860
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 Island. OPERATION OF NOT-FOR-PROFIT GROUP HOMES.	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS	
President Name	Vice President Name
BRIAN RAWNSLEY	RAYMOND WYNNE
Street Address / A VENUE	Street Address
State 7th	Com Stock State Zip
PAWTUCKET RI 02861	PAWRICKET RI 02860
Secretary Name	Treasurer Name
PETER FANGAKOS	THEODORE KING
Street Address 19 BOAR Hill ROAD	Street Address 2 POWER ROAD
State MA 2027/ 8 NAMES AND ADDRESSES OF THE DIRECTORS: C'X" BOX FOR ATTAC	PALOTECKET STATE RT 02860
8 NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES REFORE 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	
Director Name	Director Name
MICHAEL PAPPAS	GEORGE KALLY
300 PARK VIEW DR. ADT 19	Street Address 121 ROOSING T AVENUE Cip State Zip
State 12b	Circ State Zito
PAWTICKET RT 02861	MUTCHET RI 102860
Director Name JAMES DRAKE	Director Name ROMANA RAMOS
Street Address C + S '/	Street Address
1005 Douglas PIKE	542 VORK AVENUE
SMITHPLESS State RI 2102917	PAWTEKET State RT 2861
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78	
Agent Name	Address
JAMES HARRIS JR.	
Address	City
55 JOUTH BROW STREET	EAST POULSENTE 02914
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee	

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date FILED	statements contained herein are pure and correct. Many fautility 6/2/200
Check NoJUN 0 4 2008	Signature of Officer Date DRIAN LAWNSLEY
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer SESIDENT
	Title of Officer Form 631 Rev. 12/06