

Check No.

FOR SECRETARY OF STATE USE ONLY

to a penalty fee of \$25.00.

## 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

Form 631 Rev. 03/07

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

1. Conjuniae no two.	2. Name of Corporation	1 12	11 10 1	1. 11/ 1	
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3. State of Incorporation	4. Corporate address in R	bode Island - Street Address		City, j	Zip
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5. Foreign corporation. Enter princ	cipal office address	1 LEFT DV	City		7/2
5. Foreign corporation. Enter print	иран одное maress		City	State	Zip
6. Brief Description of the character (	of the affairs which are act	ually conducted in Rhode Isla	nd		
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- 10 Opera	to Chiva	A.			
7. NAMES AND ADDRESSES	OF THE OFFICERS	("X" BOX FOR ATTACH	<i>ment</i> ) 🔲 fill in spaces b	EFORE USING ATTACI	IMENTS -
President Name	,		Vice President Name	XXX	PR (
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8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: C'X" BOX FOR ATTAC	HMENT) FILL IN SPACES E	BEFORE USING ATTAC	INTENTS O
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Director Name	12 12	( ) Joy	Director Name	1 ~ 1	6-07/01
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Virtsmill		625//	J. Milebert	1 11/1	162/63
9. REGISTERED AGENT IN 1	RHODÉ ISLAND - DO	) NOT ALTER - Chang	es require filing of Form 6	41 - R.I.G.L. 7-6-13 / 7	'-6-78
Agent Name			Address		
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Address /	VIII	<u> </u>	City 3	Zip	
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This report must	be signed by either th	ne President. Vice President	dent, Secretary, Assistant Secr	etary, Treasurer, Receiv	er or Trustee
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				ry, I declare and affirm th	
	247744333402402			companying schedules and	statements, and that all
FILE			statements contained he	rein/are true and correct.	1.1.
File Date	- <i>LJ</i>		2/1000	Lack ((1K)	_ 6/5/18
le SipSile in the control of the con	A444		Signature of Officer		Date
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