

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

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.	<u> </u>		<u> </u>				
1. Corporate 19 No. GU		CONGRP.	55		Zip		
3. State of Incorporation	4. Corporate address in	Rhode Island - Street Address		City			
5. Foreign corporation. Enter prin				State =	さえをのか		
6. Brief Description of the character	of the affairs which are as	ctually conducted in Rhode Isla	ind	_			
uople u	rita	BLAGF	COM M. H				
7. NAMES AND ADDRESSE	S OF THE OFFICER	S: ("X" BOX FOR ATTACH	<i>MENT)</i> FILL IN SPACES BI		HMENIS		
President Name	GPORGI.	•	Vice President Name UKL+(=R)	BAKIER			
Street Address PRILA	11-		Street Address CALD (=1				
Peri, pa	State 7	Zip 6 9 0 1	Proclain.	State I	Zip		
Secretary Name			Treasurer Name M(L Cao L	lecron			
Street Address			Street Address / 90 CLATAA m 5 F				
City	State	Ζip	PROFINIL		Zip		
8. NAMES AND ADDRESSE	S OF THE DIRECTO	RS: ("X" BOX FOR ATTAC	THMENT) FILE IN SPACES E	BEFORE USING ATTAC	HMENTS		
THE NUMBER OF DIRECT	ORS OF A DOMEST	IC (RHODE ISLAND)	ORPORATION SHALL NOT	BE LESS THAN THRE	E (3). R.I.G.L. 7-6-23		
Director Name CLISTER			Director Name WALTER K				
Street Address 162 PRN1	R11=		Street Address 93 CALDE	n st			
PROUTER	State =	67905	PROLINGE	State I	Zip		
Director Name	<u> </u>		Director Name	MEGROII			
Street Address			Street Address CAATA	Lm 5F			
City	State	Zip	PROV 11 av	State I	Ζtp		
9. REGISTERED AGENT IN	RHODE ISLAND	DO NOT ALTER Chan	ges require filing of Form 6	41 - R.I.G.L. 7-6-13 /	7-6-78		
Agent Name		- rather	Address Pair				
Address / 42 PPA			CHYPALL		96-		
		the Dresident Vice Pres	sident Secretary Assistant Sec	retary, Treasurer, Rece	eiver or Trustee		

This report must be signed by either the President, Vice

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	FOR SI	CRETARY OF	STATE USI	ONLY				

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

with the	
	Date
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	GUCRGH

PRECIONENT