

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.				*			
1. Corporate ID No. 2. Name of Corporation							
46359 3. State of Incorporation	4 Corporate address in	Rhode Island Street Address	mo club 1	City		Zip	
J. 1.1.2.1.7.0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	60 Glenre	ose DR		Rivers	ide	02915	
5. Foreign corporation. Enter prin			City	State		Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island							
Promote hun trat FIS king And wilblife Conservation  7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name			Vice President Name				
DAVID Edinaton			Jan Pamfret				
Street Address			Street Address				
61 ROSERVOIR AUC			4 Lorson LANE				
Robototh	State M A	Zip G2769	Rohaboth	State M M		zφ 02769	
Secretary Name Tames Pike			Robert Lockhart				
Street Address			Street Address				
71 Pleasont ST			PO BOXY				
Re hoboth	State M 14	Zip 03769	Rehoboth	State M A	NIC ATTACES	03769	
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) COn Director Name			ORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23   Director Name				
George HAYES IL			LATTY SherMAN				
Street Address	Street Address						
Colo Francis	88 Palmer Ave						
River 51 de	State R T	Zip 62915	City Rusersid	State		<sup>749</sup> 62914	
Director Name	Director Name						
Joseph Fo	Jim Dine 3r.						
Street Address	Street Address						
22 IPSWIC	City Scanner ST Zip						
See ROXIL	State   Zip						
9. REGISTERED AGENT IN  Agent Name	Address	<b> </b>					
Steve Orels	60 Glensore Di						
Address	City Zip						
60 Glenrose	Riverside 02915						
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 81:5 111 C	Statement's contained herein are true and correct.  Signature of Officer  Date
Check No. JUN 19 2008	Stepp Carlson
By AME IDS WIS SUBJECT OF	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 631 Rev. 12/06
5-18 101290	