

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

Providence, RI 02904-2615

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 benalty leavest \$25.00 401.222.3040

to a penalty feet of \$25.00.		•	Transfer of men (IC	i.G.L. /-0-31 j is subjec	
1. Corporate ID No.	2. Name of Corporation	110011	0/ 1		
3. State of Incorporation	WO. POTE PIEC	W: (1 1911)51	Church		
137	4. Corporage address in Rhode Island - Street Address	CIVRO	City	24p/97/7/20-	
5. Foreign corporation. Enter prin		Gity	POSIBIL	00802	
		(iii)	State	Zψ	
6. Brief Description of the character	of the affairs which are actually conducted in Rhode Is	land	<u> </u>	<u> </u>	
Church					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
- Tooling truinge	n	Vice President Name /	Vice President Name /		
Frances 6	1CA35	H. William Survigere			
Street Address Shippe	e Schrelhuse Del	Street Address,	Hook os	4.0	
City	State 2ip	City	State A	Zib	
POOTE	156 07805	1 P.Scituate	BI	07857	
Secretary Name	IN Kado	Treasurer Name		000	
Street Address (410)	VT TO/YOX	13090 (00)	Der		
34 Shippee	Schalhuse AN	Street Address Picahi	57		
City FOSTER	State Zip 27	(m)	State	Zip = Z o C	
8. NAMES AND ADDRESSES	12 100000	1 12401C(50N)	(1	06251	
THE DIRECTORS! (A BOX FOR ATTACHMENT) FILL IN SPACES BEFORE 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					
W. W91	ter /2005	Director Name	10	TO	
Street Address	1190	1-640	1/QVIS	7 X	
13 Shipper	Schalharse Rd	Street Address 1901	elsen) OK	0	
1503ter	state Bt. 21925-	City	State O 1	Zip 2001	
Director Name	0 /	Pinney II	12/2	07883	
Mancy 1	Jese rardis	Director Name SU 5Q ()	hillor)		
Streen Address 112 Dan	ielson Pike	Street Address Mt. Hil	70,0 ad	,	
A) Se Auto	State Zip	City	June C	Zip m	
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					
Address -	r, stagley JK			ļ	
109 Egst	Killingly Rel	City Foster	2.p 028	25	
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee					

Signate Check No. By OF STATE USB ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all Ontained herein/are trace and correct. Title of Officer