

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 2008 401.22

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 a penalty fee of \$25.00.	g to file its annual report within th	be time prescribed by law (R	I.G.L. 7-6-91) is subjec
Corporate ID No. 172 2. Name of Corporation (1) ST SCO	enty of Jamesn	ww	
State of Incorporation 4. Corporate address in Rhode Island - Street Ad		JAMESTOWN	02835
Foreign corporation. Enter principal office address	City	State State	Zip
Brief Description of the character of the affairs which are actually conducted in Rho			
TROMOTING GOAL WILL SCHOLAR SIL	as		
NAMES AND ADDRESSES OF THE OFFICERS: (X' BOX FOR AFT	[ACHMENT] ☐ FILL IN SPACES Vice President Name /	S BEFORE USING ATTACH $\begin{pmatrix} \checkmark & \checkmark \end{pmatrix}$	IMENTS
eet Address 7 4 (4- 1-	Street Address Struttmoest Freenic		
V/ State - Zip -		State -	
MINICSTOUN STATE OZY35	JAMICSTOWN	KL.	2602835
cretary Name,	Treasurer Name JOSEPH MERICINES		
reet Address Althred Street	Street Address FRIGATE	Steet	
Somewhat State 1974	JAMES Tain	State C	02835
NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR A	, — · · · · · · · · · · · · · · ·	S BEFORE USING ATTACE	
TENUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND rector Name Scool Medleikes	Director Name	CICIP	(3). R.I.G.L. 7-6-23
PRIGATE STRUT	Street Address Scattherest 1the		
MADIA STAR & LI 02835	JAMCSTEWN	State R1	02835
ector Narge	Director Name		
eer radress 25 Alfred Street	Street Address		
State NA REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Ch	City	State : 641 - R.I.G.L. 7-6-13 / 7-	7. 3 3 6-78 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Sech Mederkos	11 fembroton fire		
TRIGATI Stut	_ JAMESTON	ZiD	335 J
This report must be signed by either the President, Vice F	President, Secretary, Assistant S	ecretary, Treasurer, Receive	er or Trustee · · · · · · · · · · · · · · · · · ·
	Under penalty of pe	rjury, I declare and affirm tha	t I have examined this

File Date JUN 2 4 2008

Check No.

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report, including any accompanying schedules and st	
statements contained herein are true and correct.	401
HORENE II There	and the
Signature of Officer	Date
Joseph Mederko	S
Print or Type Name of Officer	
PRESIDENT	
Title of Officer	