

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

401.222.36

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

Filing Period: June 1 - June 30 • Filing

to a penalty fee of \$25.00.			<u> </u>		
1. Corporate ID No.	2. Name of Corpo	ration			
82186	Omni-Governor, Inc.				Zip
3. State of Incorporation	I	ress in Rhode Island - Street Ad	ddress	Providence	02905
Rhode Island	810 Eddy S			State	Zip
5. Foreign corporation. Ente	er principal office addres	N	City	Situe	
6. Brief Description of the cha	racter of the affairs whici	b are actually conducted in Rb	ode Island		
Organized exclusively	for charitable and/o	or educational purposes			
7. NAMES AND ADDRI President Name Joseph A. Caffey	ESSES OF THE OFF	FICERS: ("X" BOX FOR AT	TACHMENT)	CES BEFORE USING A	TTACHMENTS
Street Address			Street Address		
810 Eddy Street					7/4
City	State	Zip	City	State	Zip
Providence	RI	02905			
Secretary Name			Treasurer Name		
Virginia Thimas			Geoge deTarnowsky		
Street Address 810 Eddy Street			Street Address 810 Eddy Street		
City	State	Zip	City	State	ZΨ
	RI	02905	Providence	RI	02905
AND ADD	Peere OF THE DIE	RECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN SPA	CES BEFORE USING	ATTACHMENTS
THE NUMBER OF DIE	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	NOT BE LESS THAN	<u>THREE</u> (3). R.I.G.L. 7-0-2.
Director Name			Director Name		
Michael Aaronson			Rene Bailey		
Street Address			Street Address		
810 Eddy Street			810 Eddy Street		
City	State	Zip	City	State	2ip
Providence	RI	02905	Providence	RI	02905
Director Name			Director Name		
Robert Brooks			Kenneth Burnett		
Street Address			Street Address		
810 Eddy Street			810 Eddy Street		
City	State	Zip	City	State	02905
Providence	RI	02905	l Providence	RI RI PICI 7	• • • • • • • • • • • • • • • • • • •
9. REGISTERED AGEN	NT IN RHODE ISLA	ND - DO NOT ALTER -	Changes require filing of F	orm 041 - K.I.G.L. /-	0-13 / /-0-/0
Agent Name			Address		
Robert B. Berkelhai	mmer, Esq.		Snace na "enperg	& Freedman, LLP	
Address			City:		
One Park Row, Suite 300			Providence	Providence 02903	
This repor	t must be signed by	either the President, Vic	e President, Secretary, Assista	ant Secretary, Treasure	r, Receiver or Trustee

8 2 1 8 6	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
FILED File Date	statements contained herein are true and correct.
Check No. JUN 2 5 2008	Joseph A. Caffey Print or Type Name of Officer
POR SECRETARY OF STATE USE ONLY	President Title of Officer Form 631 Rev. 12/06