

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

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1. Corporate ID No.	2. Name of Corporation	on		·			
81926	AMVET P	051437.DEP1	tof R1				
3. State of Incorporation	4. Corporate adaress	m knoae Isiana - Street Ada	dress	City	Zip		
RHOPE ISLAND	692H	08e<+		BR15tol	PORSO		
5. Foreign corporation. Enter pr	incipal office address	<u> </u>	City	State	7/5		
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6. Brief Description of the characte	r of the affairs which are	actually conducted in Rhos	le Island				
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7. NAMES AND ADDRESS	ES OF THE OFFICE	RS: ("X" BOX FOR ATT	CHMENT) TILL IN SPACE	ES BEFORE USING ATTA	CHMEATE		
A MILITBRY SERVICE ORGANIZATION CON- 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTRIC President Name			Vice President Name				
DHNDENOS			NOEL CHOUETTE				
Street Address			Street Address	00-2778			
200 PA	Y VIKW A	VR	YST METAKAM ADE				
City	State	Zip	BRISTOL	. State	Zip		
BRYTOL	(S)	05,202	Breistol	RI	05200		
Secretary Name	-		treasurer Name		10 04-1		
JOHN ESTRELLA			JOHN D. BARTON				
Street Address			Street Address				
1175126	16 21.		695 HOPE ST.				
Cuy BRISTEL	State	Zip	Cuy	State	Zψ		
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8. NAMES AND ADDRESSE	2 CAGNOMINATED STORES CO.		TACHMENT) ☐ FIEL IN SPAC	ES BEFORE USING ATTA	CHMENTS		
THE NUMBER OF DIRECT	ORS OF A DOMEST	TIC (RHODE ISLAND	)) CORPORATION <u>SHALL N</u>	YOT BE LESS THAN THR	EE (3). R.I.G.L. 7-6-23		
Director Name			Director Name				
SEBASTIAN DIAS JR.			ENVIS BISBANO				
Street Address			Street Address				
( 5NE	<i>3</i> †		141 150	ylston St.			
City	State	Zip	City	State	Zip		
13×15705	RI	60820	CRANSTON	121	15850		
Director Name		·	Director Name		,		
RILHARD	17 NOR						
Street Address			Street Address				
SIMITKE	21 -		İ				
Stry 7 - ct	State	Zip	City	State	Zip		
BRISTOL	125	05800	l				
) REGISTERED AGENT IN	RHODE ISLAND - J	00 NOT ALFER - Cha	inges require filling of For	m 641 - R.I.G.L. 7-6-13 /	7-6-78		
lgent Name			Address				
F. CONHOL	ARTON						
Address			City	Zip			
Le 3deft 2 hg			City BRISTOL		808		
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This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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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.

John P. Barton	6/30	80
Signature of Officer	•	Date

JOHN D. BARTON

TREASURER
Title of Officer