

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 2 601.2223

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

* In accordance with fee of \$25.00

In a profit fee of \$25.00

to a penalty fee of \$25.00.			-
2. Supportation HOUSE PU	iblishers, Inc	C .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address Rhude Island Rd.		Wo. Scituate	02857.1610
5. Foreign corporation. Enter principal office address	City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Isl	und		•
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS			
Erling Holm, Sr.	Vice President Name Euli	ng Holm	Ju.
Street Address 384 Rockland Rd.	Street Address 82 Rock	ey Hill 1	Ct.
Mo. Scituate R. I. 62857.1610	No. Scituate	Side R.I.	02857
Secretary Name Gladys L. Holm	Treasurer Name Glad	p L. H	olm
Street Address 384 Rockland Rd	384 Ruckla	nd Rd.	
No. Scituate State R.I. 12857-1610	No. Scituate	State R. I.	#2857-1610
'8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTAC THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) (HMENT) FILL IN SPACES B	EFORE USING ATTACH	MENTS (3). R.I.G.L. 7-6-23
Director Name Emily Barrett	Director Name Ala	lys L. Ho	lm
Street Address 17 Spruce Valley Dr.	Street Address 384 Ro	eckland 1	Rd.
No Scituate Scale R.I. 02857	M. Scituate	State R.I.	02857-1618
Director Name Ruth Holm	Director Name		
Street Address 2 Rocky Hill Rd.	Street Address	· · · · · · · ·	
No. Scituate State R. I. 02857	City	State	Ζір
	es require filing of Form 64	1 - R.I.G.L. 7-6-13 / 7-	6-78
Erling Holm Sr.	Address		
384 Rockland Rd.	No Scituate, 1	P.I. 0285	7-1610
This report must be signed by either the President, Vice Presi	dent, Secretary, Assistant Secre	tary, Treasurer, Receive	er 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	statements contained herein are true and correct. Enling Molm. Sy. 6-28-0
Check No	Signature of Officer Erling Holm, Sr.
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer President
	Title of Officer Form 631 Rev. 12/06