

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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 penalty fee of \$25.00.

1. Corporate ID No.	2. Name of Corporation	017	·		·
27610	THE V	NICHOTTO 1	Z COUTE DEC	1.50	
3. State of Incorporation	4. Corporate address	in Rhode Island - Street Ad	F LORTE REA		<del></del>
Alla ROT. R.				City	Zip
S. Foundam control T	ing 6/0 Jos	= TARIA -	10 FRANCINE	St BRISTOL	RA. OZPOG
5 Foreign corporation. E	uer principal office address		City	State	Zip
6. Brief Description of the ch	aracter of the affairs which are	actually conducted in Rhoa	le Island		
7. NAMES AND ADDR	ESSES OF THE OFFICE	RS: ("X" BOX FOR ATTA	ACHMENI) [ FILL IN SPACE	ES REPORT USING ATTAC	**************************************
President Name			Vice President Name	E3 DEFORE USING ATTACA	HMENIS
TOSE	DH Man	177	Vice President Name	0 - 1 -	
			Work	Looper	
Street Address	speces of		Street Address		- <del>-</del>
	roes St	1	48 Hurn	ran TVI	
City D	State	Zip	City	State	Zip
UK/STOL	R.I.	102800	BRISTEL	R-I	02779
Secretary Name			Treasurer Name		10 7
MANUE	L L. DA	SILVA			
Street Address		2124	Second IV	<del></del>	
16 Bona	Les France	1 5 5 5 5	Street Address		
City	5-1-1-1	PALIVE			
any	State	Zip	City	State	Zip
	1				
and a second of the second			l e e		1
3. NAMES AND ADDR	ESSES OF THE DIRECTO	ORS: ("X" BOX FOR AT	I TACHMENT)	I ES BEFORE USING ATTACI	HMENTS
3. NAMES AND ADDR THE NUMBER OF DIE	ESSES OF THE DIRECTORS OF A DOMEST	ORS: ("X" BOX FOR AT TIC (RHODE ISLAND	TACHMENT)   FILL IN SPACE  CORPORATION SHALL NO	ES BEFORE USING ATTAC OF RELESS THAN THREE	HMENTS
THE NUMBER OF DIE	ESSES OF THE DIRECTORS OF A DOMEST	ORS: ("X" BOX FOR AT TIC (RHODE ISLAND	) CORPORATION SHALL NO	ES BEFORE USING ATTAC OT BE LESS THAN THREE	   HMENTS   (3). R.I.G.L. 7-6-23
<b>THE NUMBER OF DIK</b> Director Name	RECTORS OF A DOMEST	ORS: ("X" BOX FOR AT TIC (RHODE ISLAND	TACHMENT)   FILL IN SPACE CORPORATION SHALL NO Discotor Name	ES BEFORE USING ATTACI OT BE LESS THAN THREE	   HMENTS   (3). R.I.G.L. 7-6-23
THE NUMBER OF DIR Director Name ANTHO	RECTORS OF A DOMEST	ORS: ("X" BOX FOR AT	Director Name	es before using attact OT be LESS THAN THREE MANAS	   EMENTS   (3). R.T.G.L. 7-6-23
THE NUMBER OF DIR Director Name ANTHO	NY DOWN	TIC (RHODE ISLAND	) CORPORATION SHALL NO	es before using attact of be less than three	HMENTS (3). R.L.G.L. 7-6-23
Orrector Name ATVTHO Street Address 5 5 6	NY POUL	CRHODE ISLAND	Director Name	es before using attach of be less than three  mad  UA72 Sh	HMENTS (3). R.L.G.L. 7-6-23
THE NUMBER OF DIR Director Name ANTHO irrect Address 556	NY DOWN	CRHODE ISLAND	Director Name	MARS STHAN THREE	(3). R.I.G.L. 7-6-23
THE NUMBER OF DIR Director Name ANTHO irrect Address 556	NY POUL	CRHODE ISLAND	DESCRIPTION SHALL NO DESCRIPTI	MARS STHAN THREE	EMENTS (3). R.I.G.L. 7-6-23
THE NUMBER OF DIR Director Name  ANTHO irrect Address  5 J 6  Tity  BRISTY	NY POUL	CRHODE ISLAND	DESCRIPTION SHALL NO DESCRIPTI	es before using attach of be less than three  mark  yar  state  Ally R-I	(3). R.I.G.L. 7-6-23
Orrector Name  ANTHO  Street Address  Sty  BAISTY	ME TA COL	CRHODE ISLAND	Director Name  Director Name  Director Name  Direct Address  I'B' Tholes  City  East Provi	MARS STHAN THREE	(3). R.I.G.L. 7-6-23
City Director Name  ANTHO  Director Address  SIG  City  BRISTY  Director Name  AUTO	NY POUL	CRHODE ISLAND	Director Name  Director Name  Director Name  Director Name  Director Name	MARS STHAN THREE	(3). R.I.G.L. 7-6-23
City Director Name  ANTHO  Director Address  SIG  City  BRISTY  Director Name  AUTO	ME TA COL	CRHODE ISLAND	Director Name  Director Name  Director Name  Direct Address  I'B' Tholes  City  East Provi	MARS STHAN THREE	(3). R.I.G.L. 7-6-23
THE NUMBER OF DIR Director Name ANTHO itreet Address GJ 6  Outy BRISTO Director Name ANTO treet Address  LIVERT ADDRESS  LIVER	ME TA COL	CRHODE ISLAND  OR  OR  OR  OR  OR  OR  OR  OR  OR  O	ORPORATION SHALL NO Director Name  PANISH A  Street Address  LB L A Role  City East Provi  Director Name  Street Address	MARY SK State Ally R.I	(3). R.I.G.L. 7-6-23
THE NUMBER OF DIR Director Name  ANTHO  treet Address  Sty  BRISTO  Director Name  ANTO  treet Address  Control  Anthony  Anthony  treet Address  Control  C	ME TA COL	CRHODE ISLAND  CRHODE	Director Name  Director Name  Director Name  Director Name  Director Name	MARS STHAN THREE	(3). R.I.G.L. 7-6-23
THE NUMBER OF DIR Director Name  ANTHO  treet Address  BRISTY  Director Name  ANTV  treet Address  Lity  BILISTY  BILISTY  BILISTY	METACOL State Ollagy S State N.T.	CRHODE ISLAND  OR  OR  OR  OR  OR  OR  OR  OR  OR  O	ORPORATION SHALL NO Director Name  PANIL A  Street Address  LB L A Role  City  East Provi  Director Name  Street Address  City	State	Zip  D Z G / Y  Zip
THE NUMBER OF DIR Director Name  ANTHO  treet Address  BRISTY  Director Name  Treet Address  VI  BILLS FYL  REGISTERED AGEN	ME TA COL	CRHODE ISLAND  OR  OR  OR  OR  OR  OR  OR  OR  OR  O	ORPORATION SHALL NO Director Name  PANIL A  Street Address  LB L A Role  City  East Provi  Director Name  Street Address  City	State	Zip  D 2 9 1 4
THE NUMBER OF DIR Director Name  ANTHO  treet Address  BRISTY  Director Name  Treet Address  VI  BILLS FYL  REGISTERED AGEN	METACOL State Ollagy S State N.T.	CRHODE ISLAND  OR  OR  OR  OR  OR  OR  OR  OR  OR  O	ORPORATION SHALL NO Director Name  PANISH A  Street Address  LB L A Role  City East Provi  Director Name  Street Address	State	Zip  D Z G / Y  Zip
THE NUMBER OF DIR Director Name  ANTHO  treet Address  BRISTY  Director Name  ANTY  Treet Address  VI  BRISTY  DIRECTOR NAME  TO THE TREET ADDRESS  THE BRISTERED AGENT	METACOL State Ollagy S State N.T.	CRHODE ISLAND  OR  OR  OR  OR  OR  OR  OR  OR  OR  O	CORPORATION SHALL NO Director Name  Street Address  City  Street Address  City  City	State	Zip  D Z G / Y  Zip
THE NUMBER OF DIR Director Name ANTHO	METACOL State Ollagy S State N.T.	CRHODE ISLAND  OR  OR  OR  OR  OR  OR  OR  OR  OR  O	CORPORATION SHALL NO Director Name  Land A  Street Address  City  Director Name  Street Address  City  Address	State  State  1 State	Zip  D 2 9 1 4
THE NUMBER OF DIR Director Name  ANTHO  treet Address  BRISTO  Director Name  ANTO  treet Address  VI C  ity  BIZISTY  REGISTERED AGEN  gent Name	METACOL State Ollagy S State N.T.	CRHODE ISLAND  OR  OR  OR  OR  OR  OR  OR  OR  OR  O	CORPORATION SHALL NO Director Name  Street Address  City  Street Address  City  City	State	Zip  D 2 9 1 4

	and a	iii fainn	)	1
File Date				
Check No.	JUL	0 1 20	08	Totale.
B <sub>v</sub> .	У <u> </u>	45	$\overline{\mathbf{a}}$	
FOR SE	CRETAR'	Y OF STATE	USE ONLY	

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.	
Mary to de from - June 257 20	P
Signature of Officer Date	
Print or Type Name of Officer	
- Startan	
Title of Officer Form 631 Rev. 03/07	