

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.

to a penatty jee of \$25.00.						
1. Corporate ID No.	2. Name of Corporation	STREET CUI	NI) OMENDINA AS	SOCIATION		
3. State of Incorporation	4 Corporate address in	Rhode Island - Street Addres	S .	City	Zip	
RI	1 8 SLOCK	n STREET,	BOX 15	PROVENCE	02989	
5. Foreign corporation. Enter prin	ncipal office address		City	State	Ζip	
6. Brief Description of the character	of the affairs which are ac	tually conducted in Rhode I	sland			
(DUDO MITUS	Fum ASSOCCA	TEON				
			HMENT) [FILL IN SPACES	BEFORE USING ATTAC	HMENTS	
Burnel dans Afranci			Vice President Name	Vice President Name		
John F. Hamel			Sara C. Emmenecker			
Street Address & Slocum ST. #19 City Providence State RI 02989			8 Slocum street, Unit 22			
Providence	State RI	^{Zip} 02909	Providence	State R I	^{zip} 02909	
Secretary Name M. Colleen Rost Banik			Treasurer Name Liza B. Pinto			
Street Address Slocum	St. 417			# 8		
Providence	State RI	^{zip} 02909	Providence	State U	^{zip} 02909	
8. NAMES AND ADDRESSE		RS: ("X" BOX FOR ATT.	<i>achment</i>)			
THE NUMBER OF DIRECT	ORS OF A DOMEST	IC (RHODE ISLAND)	CORPORATION SHALL NO	<u>T BE LESS THAN TH</u> RE	E (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
ALEXIS GORRIARAN			Street Address			
Street Address 8 SLUCIAM St. #11			8 Slocing ST. #19			
PROVIDENCE	State RL	02909	Previdence	2 State KI	02909	
Director Name Sara C. Emmenecker			Director Name Liza B. Pinto			
Street Address 8 Stocum Street, Unit 22			Street Address 10 Slocum 9. #8			
State RI DEPUT OF COMMENT OF COMM			Providence	State P.T. 9 641 - R. 1 G. L. 7-6-13 /	^{Zip} D2909 7-6-78	
Agent Name ALEXIS COMMIARAM			Address Stocken St, # 11 City Previounce 02909			
Address	<u>.</u>		Previoence	Zip 0 25	909	
This report mus	t he signed by either	the President, Vice Pro	esident, Secretary, Assistant S		iver 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.
	Signature of Officer Date
Check No	President John F. NAME!
By D 290 FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Presiden
	Title of Officer Form: 631 Rev. 12/06