

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

A. Ralph Mollis, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.304C

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

2. Name of Corporation

| to a penalty fee of \$25.00. | | | | | |
|--------------------------------------|---|-------------------------------|------------------------------|--|-------------------------|
| 1. Corporate ID No. 92683 | 2. Name of Corporation | 114. | 1 | | |
| 3. State of Incorporation | | Rhode Island - Street Address | <u> </u> | Providence | Z Q Z |
| 5. Foreign corporation. Enter pri | incipal office address | Imwood 7 | City | State | |
| | | | | | |
| 6. Brief Description of the characte | | | _ | ۸. (ا | 1 Publi |
| To disser | nmate H | ae Knowlee | lse of Al-1s1 | am to its Illen | nbesd General |
| 7. NAMES AND ADDRESSE | | S: ("X" BOX FOR ATTACH | | S BEFORE USING ATTA | CHMENTS |
| President Name Wal | lace B | ey | vice Fresident Ivanie | | |
| Street Address & Piu | mm enville | e street | Street Address | | |
| Pank. | State R T | 02860 | City | State | Zip |
| Secretary Name, Khaeli | Jeh-Le | ois - Khem | Treasurer Name Shakm. | - odnes | ч |
| Street Address 32, | Pond A | ve | Street Address . O . | Box 78 | 3 |
| MewPort Names and address | State R T S S S S S S S S S S S S | 02840 | CHMENT) FILL IN SPACE | State R Z S BEFORE USING ATTA | 21p 02862 CHMENTS |
| THE NUMBER OF DIRECT | ORS OF A DOMEST | IC (RHODE ISLAND) (| CORPORATION SHALL NO | OT BE LESS THAN THE | EE (3). R.I.G.L. 7-6-23 |
| Director Name | inest A | Korele | Director Name May | redat B | ey |
| Street Address 130, 0 | Qan S | heet | Street Address | morville f | treaue. |
| City Providence | State RZ | 02905 | Pant-16 | State RZ | 21p 2860 |
| Director Name Loo | Kman A | freez | Director Name | | |
| Street Address 29. Ste | ern st | veent #10 | Street Address | | |
| City D a (L) | State 7 | Zip 260 | City | State | Zip |
| 9. REGISTERED AGENT IN | RHODE ISLAND - 1 | DO NOT ALTER - Chang | res require filing of Fort | n 641 - R.I.G.L. 7-6-13 / | / 7-6-78 |
| Agent Name | e Ben | | Address | | |
| Address | | N 1 | City D | Zip | A S 0 7 |
| 801, Elm | noutre | Me | Providence | | 2907 |
| This report mus | st be signed by either | the President, Vice Fresi | dent, Secretary, Assistant S | Secretary, Treasurer, Reco | eiver or Trustee |
| | | 30 2008 | | | |
| _ | | By AM | | erjury, I declare and affirm y accompanying schedules | |
| | 15:2 LU 5:21 | 3:54 | | d herein are true and correc | |
| File Date | .a.c ng OD | 1 500Z 1 W 1 2003 | Signature of Officer | a too fl | Date |
| Check No. | ALU SHOLLY | tillon U 70° | Kho J. | a Lewis A | Khan |
| By | O TANK | | Print or Type Name | of Officer | Λ |