

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 2008

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 trescribed by law (R.I.G.L. 7-6-94) is each.

to a penalty fee of \$25.00.	7-0-94, each corporate	m juding or rejusing to j	ne us annual report whom the	inne prescribea by law (R	.i.G.L. /-0-yi) is subject
1. Corporate ID No. 16.3609		enter for	World F	eace	
3. State of Incorporation	1 100 00 1	Rhode Island - Street Address e+ Ave	•	Coventry	028/6
5. Foreign corporation. Enter pri	ncipal office address		City	State	Zip
6. Brief Description of the character	-		1		
Guided (and sile	ent retr	eats		
7. NAMES AND ADDRESSE	S OF THE OFFICERS	: ("X" BOX FOR ATTACH	, · · ·	BEFORE USING ATTAC	HMENTS
President Name Catherine Stales			Vice President Name Theresa Wendes		
Street Address 14 Quiet Ave			Street Address RO Box 3541		
Coventry	State & I	418KO	Princeton	State 5	08543
Secretary Name FIND Gilleeney			Treasurer Names T Gillegrey III		
Street Address Helen	Ave		Street Address 475 Hopki	ns Hollon	is Rd
Coventry	State	09816	Coventin	State RJ	02827
			CHMENT) FILL IN SPACES I		
Director Name	Stalo	C (RHODE ISLAND) (CORPORATION SHALL NOT Director Name	CTILLERYON	(3). K.I.G.L. /-0-23
Street Address	Aue		Street Address 475 400K	ollott sail	w Rd
Coverta	State KI	2ip 02816	Coventry	State	(1888)
Director Name ANN Gill	ernou		Director Name		
Street Address	Ave		Street Address	•	Se Property
Coventry	State VI	2102816	City	State	Zip D GO S
	RHODE ISLAND - D	O NOT ALTER - Chang	ges require filing of Form 6	641 - R.I.G.L. 7-6-13 / 7	-6-78 N PR
Agent Name ather	ine St	aley	Address		ω ^{<} π ₂
Address 14 Qvi	et Au	e \	Covente	Zip	2816
This report must	be signed by either t	he President, Vice Presi	dent, Secretary, Assistant Sec	retary, Treasurer, Receiv	ver 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 fault coffect. ATMINICATION
Check No. JUL 3 0 2008	Signature of Officer (Atherine Contact
By: By FOR SECRETARY OF STATE USE ONLY	Print or Type Nume of Officer President
	Tule of Officer Form 631 Rev. 12/06