

AMENDED

A. Ralph Mollis, Secretary of Sta Corporations Division 148 W. River Stre Providence, RI 02904-26: 1024 401.222.30

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.

. Corporate ID No.	2. Name of Corp.	2. Name of Corporation					
149127	Rhode Islan	Rhode Island Christian Home Educators RICHES					
State of Incorporation		4. Corporate address in Rhode Island - Street Address			Zip		
Rhode Island	89 Young S	89 Young Street			02861		
Foreign corporation. E			Cuy	State	Zip		
. Brief Description of the cl	aracter of the affairs which	b are actually conducted in Ri	bode Island				
Christian Home Scho	• • • • • • • • • • • • • • • • • • • •						
. NAMES AND ADD	RESSES OF THE OFF	ICERS: ("X" BOX FOR A	TTACHMENT) [FILL IN SPA	CES BEFORE USING ATT	ACHMENTS		
president Name			Vice President Name				
Chris Childs			Anthony Esolen				
treet Address			Street Address 26 Ames Street				
9 Young Street	State	Zψ	City	State	Zip		
Pawtucket	RI	02861	Coventry	RI	02816		
Secretary Name		102001	Treasurer Name				
/anessa Ventura			Corinna Lotter				
treet Address	0. E. O.		Street Address				
PO Box 3612		45 Lotter Lane					
City	State	Ζip	City	State	Zip Si		
Pawtucket	RI	02861	N Scituate	RI	192857 分次		
			ATTACHMENT) FILL IN SPA				
HE NUMBER OF D	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	NOT BE LESS THAN TH	REE (3). R.L.G.E. 7.5		
Director Name			Director Name				
Georgette lannuzzi			Carol Robb				
Street Address			Street Address E O O				
PO Box 3612			3 Smithfield Drive				
City	State	Zip	City	State	Zip w		
Pawtucket	RI	02861	Middletown	RI	02842		
Director Name			Director Name Debbie Esolen				
Michelle Hall			Street Address				
Street Address PO Box 3612			PO Box 3612				
City	State	Zip	City	State	Zip		
Pawtucket	RI	02861	Pawtucket	RI	02861		
	NT IN RHODE ISLA		1 avridokot	7 M	1 02001		
	*** •		tina di Niggra di Artini akusanaansa	Dan Jan Albania			
This information is cu	rrently of record in the	e Office of the Secretary	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-	13/7-6-78		
This reno	rt must be signed by	either the President Via	ce President, Secretary, Assist	ant Secretary, Treasurer, R	eceiver or Trustee		
ima iepe	most of bighed by	Time and Tableaning 11					

-	149127	OCT 09 2008	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		11.35	statements contained herein are true and correct. Signature of Officer Date
Check No By:			Corinna Lotter Print or Type Name of Officer
	CRETARY OF STATE USE ONLY		Treasurer Title of Officer Form 631 Rev. 09/17



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

