

A. Ralph Mollis, Secretary of State Corporations Division 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 67626 VORTH KINGSTOWN ASSEMBLY OF 600				
3. State of Incorporation 4. Corporate address in Rbode Island - Street Address RHOPE ISLAND 451 DAVISVILE RC			N. KINGSTUM	Zip V 02852
5. Foreign corporation. Enter principal office address		City p/n-	State i /p	Zip ~/A
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name GARY MUNIZ		VICE President Name JONATHAN ANGELL		
Street Address 4 CRESTWOOD DR.		Street Address 2 TROPICAL CT.		
NARRAGANSETT R I	zu 0288Z	WARWICK	State R. L.	02886
Secretary Name VICTOR QUAGLIERI		Treasurer Name JEFFREY KURTIS		
Street Address EBONY CT.		Street Address GRAIN TERRACE		
N. KINGSTOWN State R. I.	0285 2	PORTSMOUTH	State R, I.	02871
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23				
ROBERT D'AREZZO		JONATHAN	ANGELL (S'AME AS ABOVE)
Street Address 18 HILLCRES T DR.		Street Address 2 TROPICAL CT.		
NORTY KONSTOUN R.I	2852 02852	WARWECK	State R. I.	02886
VICTUR QUAGLIERI	(SAME AS ADON)	Director Name JEFFREY	Kurtis (SAME AS ABOUT)
64 EBONY CT.		Street Address GRAIN TERRACE		
N.KINGSTOWN R.I.	02852	PORTSMOUTH	R.I	02871
9. REGISTERED AGENT IN RHODE ISLAND REV GARY MUNIZ This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78				
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver 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
FILED	statements contained herein are the and correct.
Check No. NOV 2 8 2008	Signature of Officer Date SARY MUNIZ Date
Ву:	Pringer Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	TRESTOENT Title of Officer

I have examined this