

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 prescribed by law (R.I.G.L. 7-6-91) is subject to a

penalty fee of \$25.00.						
1. Corporate ID No. 136217	2. Name of Corporation The Initia	rtice to Edu	cate Ataban W	lomen		
3. State of Incorporation  Rhode   Sland	The Initiative to Educate Afghan  4. Corporate address in Rhode Island - Street Address			Bristo/	<sup>Zip</sup> 02809	
Rhade Island 5. Foreign corporation. Enter prin	cipal office address	ierry ra.	City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island						
to identify and recruit Afghan women to pursue college aducation in RI and other States.						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHM President Name    (4 mm FAWThrop)			Vice President Name  Vice President Name  Vice President Name  Wine			
Street Address 1 Albert Ave.			Street Address 50 Seal Island Rd			
City Barrington	State R1	<sup>Zip</sup> 02806	Bristo /	State R1	zip 02809	
Secretary Name	Prichett	•	ELISabeth	Lavers		
Street Address 19 Bridge VIEW Dr			street Address 62 Burton St.			
Cuy Jamestown	State R1	<sup>Zip</sup> 02835	Bristo /	State R )	<sup>zip</sup> 02809	
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						
Director Name  Lynn Fun Throp			Director Name  Jeanne Wine			
Street Address Sâme as above		street Address 54me as above				
City	State	Zip	City	State	Zip	
Director Name Virginia Prichett  Street Address Same as above		Director Name Elisabeth Lavers				
Street Address Same as above			Sirvet Address Same as above			
City	State	Zip	Citl.	State	Zip	
9. REGISTERED AGENT IN RHODE ISLAND						
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						

This report must be signed by either the President. Vice President, Secretary, Assistant Secretary. Treasurer, Receiver or Trustee

FILED	report, it statemer
File Date	Signatury
By 378	Print or
FOR SECRETARY OF STATE USE ONLY	Title of C

Under penalty of perjury, I declare and affirm that report, including any accompanying schedules and st	
statements contained herein are true and correct.	11/12/08
Signatury of Officer	Date
Teanne Wine Print or Type Name of Officer	
Vice President	
Title of Officer	