

State of Rhode Island and Providence Plantations

Office of the Secretary of State

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Rpovidence, 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 coupling fee of \$25.00

to a penalty fee of \$25.00.							
1. Corporate ID No. 138117	2. Name of Corporation	Kidtech-I	nternational,	INC.	Zip		
3. State of Incorporation RL	4. Corporate address in Rhi 日みも FV(ENI)	5HIP St. R	ī	ROVID-16	03907		
5. Foreign corporation. Enter princ	λIA		City N/A	NA	λ.φ		
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island To help disactivantaged children in Communities of developing Countries, and Pour neighborhood of advance ad Countries.							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name							
President Name Zwannah A	Sirleaf.	Tr.	ANTHONY BLIBI				
Street Address 7250 Bradford Road			98K HALDEMAN AVE ATT D202				
upper Darby	State PA	19082	PHEODECPHA	PO	19115		
Secretary Name A Dolphus SAAH			ADOLPHUS SAAH				
Street Address Hidden	Forest cou	iry		orest cour	Z/b		
Fairless Hills	State PA	19030	Fairless Hilb	STATE PA	19030		
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) Confector Name			Director Name ADOLPHUS SAAH &				
Street Address 7250 Bradford Road			1004 Hidden Forest Court				
City Der Darby	State PA	7ip 19082	FAIRLESS HILL	State	19030		
Director Name ANTHONY	 .		Director Name NONE	<u> </u>	P		
Street Address	mand AVE.	D202	Street Address				
PHI LA DELPHA	State PA RHODE ISLAND - DO	19115 NOT ALTER - Chang	City ges require filing of Form 6		7-6-78		
Agent Name All A			Address A				
Address	<u> </u>		City	Zip			
This report mus	t be signed by either th	ne President, Vice Pres	ident, Secretary, Assistant Sec	retary, Treasurer, Recei	ver or Trustee		

	FILED	Under penalty of perjury. I declare and affirm that report, including any accompanying schedules and	I have examined this statements, and that all
File Date	DEC 1 0 2008	statement contained herein are true and correct. Signature of Officer	12-8-08 Date
Check No.	By 10:37	ANTHON BLIDA Print or Type Name of Officer	
By: FOR SECRETARY OF STATE USE ONLY	1554	ASSIST- EXEC. DIT	Form 631 Rev. 12/06