

A. Ralph Mollis, Secretary of State Corporations Division Providence. RI 02904-2615

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 11) No. 33764	2. Name of Corporation	manacket	<u> </u>				
3. State of Incorporation	4. Corporate address in Church		Mens Ave	Westerfield	D2883		
5. Foreign corporation. Enter pr		Ċ	City	State I,	Zip		
6. Brief Description of the characte	er of the affairs which are a	ctually conducted in Rhode I	lsland				
7. NAMES AND ADDRESS	ES OF THE OFFICER	S: ("X" BOX FOR ATTAC	CHMENT) [FILL IN SPACES	BEFORE USING ATTACH	IMENTS		
President Name			Vice President Name Joseph	Gagne			
Street Address 145 Ken	yon Ale		Street Address 57 Oak	Hill Ra-	17/6		
Wakefield	State R T	02879	Wakefield	State R. I	0287 q		
Secretary Name	Signore	<u> </u>	Alfred S	ig north			
Street Address GYEU	swood-	Drive	blo Green	wood Dri	√ €,		
Watefield	State Q.T.	02879	Waterield	State P	879		
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							
Rita Gag	ne		Director Name	narchett	<u>t</u>		
Street Address 57 Oak	HIN RO		Street Address 780 S	. County	Provi		
Wakefield	State T.	21p 02879	EHETER	Z=	02813		
Director Name	2 asychet		Director Name				
Street Address S. Co	maty T	nail	Street Address		<u> </u>		
9. REGISTERED AGENT IN	RHODE ISLAND	028V3	City	State	Zip		
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							

File Date _	FILED			
Check No	'JAN 07 2009			
Ву:	By 280つ			
FOR SECRETARY OF STATE USE ONLY				

Under penalty of perjury	, I declare and affin	m that I have	examined this
report, including any acco	ompanying schedulg	s and stateme	nts, and that all
statements contained her	in are true and con	M Y.	1-1-0
91.18.14	graves		5 89
Signature of Officer			Date
AlFred	3010	anor	elli
Print or Type Name of Offi	cer	1	
reasi	rer		
Title of Officer			