## AMENDED



A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

Office of the Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Following 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 H2 No 0001596 VI	2. Name of Corporali	glesia Carolin	ne he fumba		
3. State of hicorporation P.F.	4. Corporate address	h Rhode Island - Street Addre Sissell St. Su	we(28)	Ronlesce	<sup>2sp</sup> 02907
5. Foreign corporation. Enter p	orincipal office address		City	State	Zip
6. Brief Description of the characters the 1	ided of Bad a	end happing the	Community acon	d un festaras de la ces before using att	la different de mis
President Name Withell Tibercuse			Vice President Name for Cepeda		
Street Address Go Woods	ne of 2m	(Right)	Street Address 90 W	where of (22	Porks)
find roket	State P.I.	Paip 02860	ho tucket	state LL.	1 2402760
Secretary Name Mildred	Lope		Treasurer Name	gonze la	
Street Address 3 Lock	budge st.			Brailst. Ap.	f. A-2
City Parotucket	sific RL.	02 <b>%</b> 0	City Grans for	State R.I.	02905
8. NAMES AND ADDRES				ACES BEFORE USING AT	
Director Name Michell Tiburcay  Street Address  Po Workshop et (2 M Art)			Director Name  Street Address  On 1 (1)  Corporation SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23  Director Name  And Copyage  Street Address  On 1 (1)		
90 Wro	bone st. 25	Zin	City (2)	state	(Korho)
Car factor for factor	ZI.	02860	Director Name	EJ.	02860
Director Name Chips	avezada				Ċ.
Street Additions 3 fock	BRUTGE St.		Street Address		28
City Chotocket	Bar R.T.	OZPED	City	State	
9. REGISTERED AGENT		fice of the Secretary of St	ate. Changes require filing	of Form 641 - R.I.G.L. 7-6	-13/7-6-78
1				ant Secretary, Treasurer, R	
Archell ?	Shucaro	er the Freshaent, vice Fr	esident, Secretary, Assist	and decretary, Houseston, A	3: 34 3: 34
			report, includir		rm that I have examined this es and statements, and that all rect.
File Date		_	Signature of Off	icer Thurse	1/14/09 Tate
Check No.		a a remove perm	Print pr Type N	mell Thurcia	
Ву:	ar arrange was said	_	Poside	1 "	
FOR SECRETARY C	OF STATE USE ONLY		Title of Officer		Form 631 Rev. 09/17