

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.

RI 5. Foreign corporation. Enter principal office address City State City C	1. Corporate ID No.	2. Name of Corporation					
RI 5. Foreign corporation. Even principal office auditous City State City Stat	000144556	Kazakh Aul	Kazakh Aul of the US., Association for American and Kazakh Families				
RI	3. State of Incorporation	,	~	1ddress	City De De Co	16 Zip () 2014/15	
Corporative of the observation of the character of the affairs which are actually conducted in Rhode Island Organize cultural events for adoptive families with children from Kazakhstan 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Prostderal Name Susan Saxon	RI	344 Wheel	- PO-20	ox 6185	_ , , ~ ~ ~ ~ ~ ,		
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7. NAMES AND ADDRESSES OF THE OFFICERS; (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name	6. Brief Description of the chard	acter of the affairs whic	b are actually conducted in Ri	bode Island		•	
Vice President Name Susan Saxon Leah Russell	Organize cultural events	s for adoptive fam	ilies with children from	Kazakhstan			
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This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee	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						
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File Date FILED					
Check No.	FEB 1 9 2009				
Ву:	By 081378	1:38			
 FOR SECRETARY OF STATE USE ONLY					

Under penalty of perjury, I declare and affirm that report, including any accompanying schedules and statements? contained herein are true and correct.	
heisen scepe	2/10//00
Signature of Officer	Date /
Susan Saxon	
Print or Type Name of Officer	
resident_	<u> </u>
Tule of Officer	Form 631 Rev. 09/17