

A. Ralph Mollis, Secretary of State Corporations Division
148 W. River Street
Providence, RI 02904-2615
401 222204

## 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.		, a , a ,			, is 21, with option to the
1. Comparate ID No.	2. Name of Corporation \( \sum \) i Squa	micut Bus	ness Associat	~^~	
3. State of Incorporation RI	319 ATlan	Rbode Island - Street Address tic AVC PC	Box 1302	westerles	b 02891
5 Foreign corporation. Enter pr	inclpal office address		Clty	State 0	Zψ
6. Brief Description of the characte	r of the affairs which are ac	tually conducted in Rhode Isl	and	1	
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7. NAMES AND ADDRESS			INENT) 🔲 FILL IN SPACES I		
Thomas Jasulavic			Rebecca Colucti		
Street Appless Winapau 12D			Streng Address 7/antic Av		
ou wotell	State Z Z	02891	westel.	State D.J.	24 8 25°11
Robert L. Bouber			J. Pellegring		
sprengagbress Amarian St			Street Address 308 A 7 I an tic Aul		
cin Wester	State R. I	24 02091	wester	State PI	21/9 02091
8. NAMES AND ADDRESSI	98 OF THE DIRECTOR			BEFORE USING ATTA	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) C Director Name Barbara Stillman			Director Name  Carol Burdick		
Street Address 319 ATlantic AW			Street Address A Tlastic AUY		
cuy Muster	State PI	<sup>Zip</sup> 02891	Cuy WE Ster	State RJ	02801
Director Name (Sisto			Director Name		
Street Address 41 A Tlantic AN			Street Address		
WHAT AGENT IN	State RI	<sup>zip</sup> 02891	City	State	Zψ
		of the Secretary of State	e. Changes require filing of For	641   DICI 7611	177 6 70
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This report mas	at oe signed by citner t	he President, vice Fies	ident, Secretary, Assistant Sec	retary, freasurer, Rec	elver of trustee
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	//·/3				
	11-12				than have examined this
<b>E</b> M			report, including any accompanying schedules and statements and that all statements contained herein are true and correct.		
File Date			Robert	I Barbe	<u> 3/31/09</u>
Check No. APR C	1 2009		Signature of Officer	1 2	Date
Rv∕).	1118572		Print or Type Name of Officer		
177	<del>                                      </del>		■ Secretar		
FOR SECRETARY OF S	TATE USE ONLY		Title of Officer	Ò	Form 631 Rev 09/17