

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

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.	<del>, , , , , , , , , , , , , , , , , , , </del>					
1. Gorgory 19 19 0 4	18/904 DOULAS OF RHOSE IN AND (DORI)					
3. State of Incorporation	4. Corporate address in F	_		NORTH KINGSTOU	N 02852	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the character  O LABOR PWD F	of the affairs which are act	nally conducted in Rhode Isla PROCT & CREATS	ANZTWORK FOR PRO	ALLESS TO E:	FAMILIES	
7. NAMES AND ADDRESSES	S OF THE OFFICERS	: ("X" BOX FOR ATTACH	MENT) [ FILL IN SPACES I	BEFORE USING ATTAC	HMENTS	
President Name LDAY DE CESARE			Vice President Name SEVERINE DEGNAM			
Street Address 25 Adiladaek Da			Street Address 200 DAMEN RD			
EAST GREENWICH	Ri	02818	NOSTY KINGSTONN	State R:	02952	
Sepretary Name JESK CA TUB			Treasurer Name SEVERINE DEGNAN			
Street Address A8 High wiew DN			Street Address 200 SACHEM RD			
WARWICK	State R i	02893	NORTY KINGSTOWN	State Ri	02852	
8. NAMES AND ADDRESSES	S OF THE DIRECTOR	RS: ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES	BEFORE USING ATTAC	CHMENTS	
THE NUMBER OF DIRECTO	ORS OF A DOMESTI	C (RHODE ISLAND) (	CORPORATION SHALL NOT	BE LESS THAN THRE	<u>E</u> (3). R.I.G.L. 7-6-23	
Director Name LOAY BE CAEJARE			SEVERINE DE GNAN			
Street Address 25 Adikondark Dr			Street Address 200 SACHOM Rd			
EAST GREENWILL	State R i	02818	NORTY KINGSTOWN	State R i	02852	
Director Name  Folica Full			Director Name NON E			
Street Address 78 High view 82			Street Address			
WARNICK	State Ri	or 893	City	State	Zip	
9. REGISTERED AGENT IN RHODE ISLAND						
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	t he signed by either t	he President Vice Pres	ident Secretary Assistant Se	cretary Treasurer Rece	iver or Trustee	

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date 5-18-09	statements contained herein are true and correct.
Check No	Signature of Officer DEGNAN
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer  VICE PRESIDENT TREASURER
- CASSASIAN ST SIMA SSE ONE!	Title of Officer Form 631 Rev. 09/17