

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

2009 NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

401.222.3040

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.

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2 Name of Corporation 2 Name of Corporation No. 2 Name of Corporation No. 2 Name of Corporation					
		or on		T	
Ande Island 81	orate address in Rhode Island Street Address MISSUP VOLLEY	Boad	Foster	02825	
5 Foreign corporation. Enter principal office address		City	State	Zip	
6 Brief Description of the character of the affairs which are actually conducted in Rhode Island					
Beligious					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS					
Carl Safs from		Vice President Name Markin Abt			
The Moosup Val		Street Address 13 An Hrony Rd			
Foster State	AI 02825	city Foster	State BI	Zip 02825	
Loula Bennett		Treasurer Name / a n1 m V Till			
25 A Johnson Rd		Street Address Carpenter Rd			
City foster sine	37 24 02825	City Foster	State R.I	^{Z4} 02825	
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					
Cox 1 Safstro	m	markin Abt			
Sireel Address Same as Above		Sirver Address Som as Above			
City State	Zip	City	State	Zip	
Director Name Locila Bennett		Director Name / a enmy Till			
Sireel Address Saine as Above City State Zip		Street Address Same As Above City State Zip			
City State	Zip	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 be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver 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 FILED	statements contained herein are true and correct.
Check No. MAY 1 9 2009	Signature of Officer Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer
. ON SECRETARY OF STATE OF UNEIT	Title of Officer Form 631 Rev. 09/17