

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 401.222.3040 Filing Period: June 1 - June 30 • Filing Fee: \$20.00° this period: June 1 - June 30 • Filing Fee: June 30 •

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.				
1. Corporate ID No. 30658		NCIL OF RHODE	ISLAND .	
3. State of Incorporation R L	2	WOLENT STREET	PROVIDENCE	
5. Foreign corporation. Enter prin-	cipal office address	City	State RI	Zip
•	of the affairs which are actually conducted in Rhode	Island	·	
WORLD AFF		_		
7. NAMES AND ADDRESSES  President Name	OF THE OFFICERS: ("X" BOX FOR ATTA		BEFORE USING ATTACH	
MARTIN PO	TTLE		AFEE, C/O ADI	ER YOLLONG
42 RIVER 51	E DRIVE	Street Address ONE CITIZENS	PLAZA	
BARRINGTON	State RI 210 02806	PROVIDENCE	State	02903-1345
ROSEMARY 1	MILBURN	Treasurer Name EVERETT 1	KAGAN	
Street Address FIRST	STREET	Street Address FIFTI	4 STREET	
BARRINGTON	Sine RI 24p 02806	CH PROVIDENCE	State RI	a2906
8. NAMES AND ADDRESSES	OF THE DIRECTORS: ("X" BOX FOR AT	TACHMENT) FILL IN SPACES	BEFORE USING ATTACE	HMENTS'
THE NUMBER OF DIRECTO  Director Name	OKS OF A DOMESTIC (KHODE ISLAND	Director Name	<u>BE LESS THAN THREE</u>	(3). K.I.G.L. 7-6-23
PASCO GASBARRO, JR		MAURICE GL	ICKSMAN	
Street Address ROBBINS		10 WESTWO	OD LANE	
BARRINGTON	State RI Zip 02806	BARRINGTON	State 0 +	<sup>210</sup> 02806
VVONNE SHILLING		Director Name BARRY FA	1/1	26.
Street Address 94 ANGE	LL STREET	Street Address CONG	DON STREE	
PROVIDENCE 9. REGISTERED AGENT IN	State Zip 02906 RHODE ISLAND	CHY PROVIDENCE	State RI	21P 22906
This information is currently of	of record in the Office of the Secretary of S	tate. Changes require filing of For	rm 641 - R.I.G.L. 7-6-13/7	-6-78
This report must	be signed by either the President, Vice P	resident, Secretary, Assistant Se	cretary, Treasurer, Recei	ver of Trustee i
	Maria Maria			
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	MAY 2 2 200			
	By 04020	report, including any a	jury, I declare and affirm th accompanying schedules and	
		statements contained l	perein are true and correct.	5/22/10
File Date	"	Signalure of Officer	Kage	Date
Check No.		FUFOET	- FRAZANI	/
By: .		Print or Type Name of	Officer A TOTAL IN	
FOR SECRETARY OF S	FATE USE ONLY	TREA  Title of Officer	SURER	