

Check No.

FOR SECRETARY OF STATE USE ONLY

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 2009 401.2 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 smaller fee of \$25.00

penalty fee of \$25.00.					
1. Corporate ID No. 000 424,83	2. Name of Corporate The First	(1)	arch in Tivert	DN	
3. State of Incorporation	4. Corporate address	in Rhode Island - Street Addre	252	Cuy	Zip
KIL	17 Old	STONE Chu	rech Road	TIVERTON	02878
5. Foreign corporation. Enter pr	incipal office address		City	State	Zip
6. Brief Description of the characte		e actually conducted in Rhode	Island	<u> </u>	
7. NAMES AND ADDRESS	ES OF THE OFFICE	RS: ("X" BOX FOR ATTAC	CHMENT) 🔲 FILL IN SPACE	S BEFORE USING ATTAC	CHMENTS
President Name			Vice President Name		
Street Address			Street Address		
СПу	State	Zip	Сйу	State	Zip
Secretary Name			Treasurer Name		
MARION WARREN			Sherrill Estes		
Street Address 1402 CRANDALL ROAD			Street Address		
1402 LRANO	1011 Road		30 TRAZIEN	2 CANE	
TIVERTON	RI	24 02808	TIVERTON	R-I	02808
8. NAMES AND ADDRESSI					
THE NUMBER OF DIRECT Director Name	TORS OF A DOMES	TIC (RHODE ISLAND)	CORPORATION SHALL NO	OT BE LESS THAN THRE	E (3). R.I.G.L. 7-6-23
Richard E. Rounds			Director Name		
Street Address			Street Address		
16 Hillside Avenue			1311 EAST Road		
Tiverton	State	zφ 02878	Tiverton	State	02878
Veronica King			Director Name TAMMY BALFOUR		
64 Colebrook Road			Street Address 375 EAST Road		
4THE Compton 9. REGISTERED AGENT IN	RHODE ISLAND	02837	TIVERTON	State R I	02878
This information is currently	of record in the Off	ice of the Secretary of Sta	ate. Changes require filing of I	Form 641 - R.I.G.L. 7-6-13	<i>i</i> 7-6-78
This report mus	st be signed by eithe	er the President, Vice Pre	esident, Secretary, Assistant	Secretary, Treasurer, Rece	eiver or Trustee
			·	,	
			Under penalty of p	erjury, I declare and affirm	that I have examined this
		\neg	report, including an	y accompanying schedules a d herein are true and correct	nd statements, and that all
Elle Dans Su 2	2-19	.		u herein are true and correct.	-

Date Estes Sherrill Print or Type Name of Officer REASURER Title of Officer