

A. Ralph Mollis, Secretary of S Corporations Div.

148 W. River S

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Providence, RI 02904-2 101.222.5

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with RIGI 7.6.94 each corporation failing or refusing to file its annual report within the time prescribed by Jan (RIGI 7.6.91) is subject to a

State of Incorporation HODE ISLAND	GOD'S LITTLE ACRE TEBABT'S ASSOCI 4. Corporate address in Rhode Island Street Address 4.2 LOWBLL AVE.			City	7/02861
Foreign corporation. Enter	principal office addre	SS	Cuv	PAWT	R
0			'	State	Zip
BUCATE & ADVI OD'S LITTLE A	CRE TENAN	MORIT WEG H	OME OWNERS & RESI	IDENTS OF	
NAMES AND ADDRES	SES OF THE OFF	ICERS: ("X" BOX FOR	ION . ATTACHMENT) [FILL IN SPACE		
sident Name			Vice President Name	CES BEFORE USING ATT	ACHMENTS
MR. DAVID C. MANN					
reet Address			MRS JUDITH Street Address	M. MANN	
42 LOWE			.	ATTO	
PAWT	State	Zip	City	AVE State	90
retary Name	RI	02861	PAWT		Zip
NATALIE	C Kemman		Treasurer Name	LRI	02861
ret Address 3	C. MEDER	LOS	DAWN MANN		
LO LOWE	LL AVE		Street Address		
	State State	Zip	15 RAYMOND	AVE	
PAWT	RI	200	City	State	Zip
NAMES AND ADDRESS	ES OF THE DIRE	02861	PAWT	RT	02861
E NUMBER OF DIREC	TORS OF A DOM	ESTIC (PHODE 1874	PAWT ATTACHMENT) FILL IN SPACE ND) CORPORATION SHALL N Director Name	CES BEFORE USING ATT	ACHMENTS
ctor Name		(MITODE ISLA	Director Name	<u> YOT BE LESS THAN THE</u>	REE (3). R.I.G.L. 7
JUDITH VENTURA					
of Address .	 _		DENNIS MANN	<u> </u>	
46 LOWEI	L AVE			* ****	
T) 4.1.4T	State	Zip	15 RAYMOND		
PAWT	RI	02861	PAWT	State	Zip
ctor Name	*1*.		Director Name	RI	02861
FRANK MA	NN		MICHAEL MAN	λĭ	
_	O.M.		Street Address	N .	
26 PLAIN			27 BERNICE	•	
PAWT	State	Zip	CH_V	State	Zip
EGISTERED AGENT IN	RHODE ISLAND	02861	WOONSOCKET	RI	1 '
				·	02895
information is currently	of record in the O	ffice of the Secretary of	State. Changes require filing of I	F. (4) ==	
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MAY 22 2009
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FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury. I declare and affi report, including any accompanying schedule statements contained herein are true and companying schedules.	es and statements, and that ali rect.
Signature of Officer Mann	-5/19/09 Date
DAVID C. MANN Print or Type Name of Officer PRESIDENT	