

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 for of \$25.00

| 2. Nulmess Companion Domestic Violence Resource Center of South County, Inc. | iling Period: June 1 - June 30 In accordance with R.I.G.L. 7-6-9 | 4, each corporation fail | ing or refusing to file its a | nnual report within the time preso | ribed by law (R.I.G.L. 74 | |
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| Column C | Secretary Name | | | David C. Ruppell | | |
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| 9. REGISTERED AGENT IN RHODE ISLAND Mary Roda Mary Roda Mary Roda Mary Roda Mary Roda Mary Roda | i - | NY | 10028 | Hope Valley | URI | 1 02002 |
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| This information is currently of record in the Office of the Secretary of Trustee | Mary Rod | a | tion of the Secretary of | State. Changes require filing of | f Form 641 - R.I.G.L. 7- | 6-13//-6-78 |
| This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Floating, Floati | This information is current | ly of record in the Oi | ince of the Sectorary of | | r Secretary Treasurer. | Receiver or Trustee |
| | This report m | ust be signed by eith | er the President, Vice | President, Secretary, Assistan | n oction, monator, | _ |

| Check No MAY 2 6 2009 Deirdre Millones Print or Type Name of Officer Secretary | File Date FILED | Under penalty of perjury, I declare and affirm the report, including any accompanying schedules and statements contained herein are true and correct. Signature of Officer | at I have examined this distatements, and that all Date |
|---|---------------------------------|---|---|
| Secretary - | Check No MAY 2 6 2009 | Deirdre Millones Print or Type Name of Officer | |
| Secretary | By: _By | Secretary | |
| FOR SECRETARY OF STATE USE ONLY Title of Officer Form 631 Rev. 09/1 | FOR SECRETARY OF STATE USE ONLY | Title of Officer | Form 631 Rev. 09/17 |