pg. 1 of 3



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

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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Pg. 2 of 3

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

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401.222.3040

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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. Corporate ID No. 31286 ASSOCIATION City 5. Foreign corporation. Enter principal office address 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Street Address Street Address Ζip State City State Ziρ City Secretary Name Street Address Street Address State ZipCity Ζip State Cttv8. 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 Director Name Sireet Addres Street Address ψī City City Street Address CHVCity 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-

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	Under penalty of perjury veleclare and affirm that I have examined this
	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
File Date	SS:01 HY ZI LYW GARDINE OF OFFICER GRANT Date
Check No.	All Charles Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer  SIVI FINAN CIA SECRETARY  Tutle of Officer  Form 631 Rev. 09/17



pg. 3 of 3

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

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	Under penalty of perjury, declare and affirm that I have examined this report, including any accumpanting schedules and statements, and that all statement second ined here were true and correct.
File Date	Signature of Officer Date
Check No.	STEPHEN GRANT
Ву:	FINANCIA SECRETARY
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 631 Rev. 09/17