

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR  $2099^{\text{Providence}}$ , RI 02904-2615 401.222.3040

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

permanent of the second of the		
1. Corporate 1D No. 2. Name of Corporation BUTTERFLY AND	SEL FOUNDATION, INC.	
	ILL ROAD COVENTRY DABIG	
5. Foreign corporation. Enter principal office address	FAMILES & CHILDREN WIGAN	
6. Brief Description of the character of the affairs which are actually conducted in Rhocke Island PAMILIES & CHICARON WICHON NON-PROFIT, HOLD FUNRAISERS FOR DISTRIBUTION TO CHARITI		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS		
President Name Pre QUELINE CAYOUETTE	Vice President Name JOHANNE MILLER	
Street Address 743 HARKNEY HILL Rd	Street Address BLACKROCK Rd	
COVENTRY SIGNE RI 202816	City COVENTRY State RI Zip 2816	
Secretary Name WENDY MILLER	Treasurer Name MANUEL MILLER	
Street Address BELLEVUE AVENUE	Streel Address BLACKROCK Rd	
N. PROVIDENCE RI DE 029// 8. NAMES AND ADDRESSES OF THE DIRECTORS: CX BOX FOR ATTAC	COVENTRY SLAVE RIL ZUD 02816	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23		
CATHERINE FURTALO	DIANNA TURCOTTE	
413 NORTH STAR DRIVE	Street Address BLACKROCK ROAD	
"HARRISBURG" PA "17112	COVENTRY State RI B2816	
RACHEL DUPREY	Director Name	
STREET ADDRESS BELLEVUE AVENUE	Street Address	
N. PROVIDENCE RI 2402911	City State Zip	
9. REGISTERED AGENT IN RHODE ISLAND  \[ \sum_A C Q \omega L \omega E C A Y 0 U E T T E \] This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78		
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee		

File Date _ 5-27-09	Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, and that statements contained herein are true and parect.
Check No	Sknature of Officer JACGUELINE A Cayoutte
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer  President 5-23-09  Title of Officer
· <del></del>	Form 631 Rev. 09/17