

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

ovidence. RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

penalty fee of \$25.00.				<i>y</i> (= 44. C.12. , <i>y</i>	o >17 is subject to a	
1. Corporate ID No. 35987	2. Name of Corporation LOVE 15 7	Hr. Och AN	DUISION THAT	1). LI Fredou	INC	
3. State of Incorporation	4. Corporate address in 18	Rhode Island - Street Address		W. WARWICK		
5. Foreign corporation. Enter prin			Сну	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island NON PROFIT, CHARITABLE ORGANIZATION FOR NEEDY-HOMELESS AND STARVING						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name ARMAND THORTA			JOAN O. HORTA			
Street Address NOLAN ST.			Street Address 8 NOLAN ST.			
W.WARWICK	R.Z	01893	W. WARWICK	State K.I.	^{Zip} 02843	
Secretary Name JASMINE T. HORTA			PRMAND J. HORTO			
Street Address 8 No LAN ST.			Street Address 8 No LAN ST.			
W. WARWICK	\mathcal{R} , \mathcal{I} ,	OJ893 S. C.Y. BOX FOR ATTAC	W. WARWICK	State R.T.	02893	
8. 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						
BILL PERRY			Director Name 56NNi FRA O. HORTA			
Street Address 36 PARK LN #179			Street Address 111 TALOR ST. Apt. G			
COVENTRY	State RII,	24) 02816	Vis TA	State CALIFORNIA	92084	
Director Name A AROLYNY PERRY			Director Name ROGER Cotte			
36 PARK LN #179			Street Address 11298 Credon Lake DR.			
TOUENTRY 9. REGISTERED AGENT IN F	State RHODE ISLAND	²⁴⁰ 02816	Middlesey		27557	
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 Transvers Decimal Deci						

signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	Under penalty of perjury, I declare and affirm that I have examined this
	report, including any accompanying schedules and statements, and that all
File Date 5-27-09	statements contained herein are rule and correct
1-12	Signature of Officer Hate
Check No. 1923	
	HRMAND J. HORIA
By:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	IRESIDENT
	Title of Officer
	Form 631 Rev. 09/17