

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20 Filing Period: June 1 - June 30 • Filing Fee: \$20.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

Providence, RI 02904-2615 401,222,3040

\* 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. L. Corporate ID No. 2. Name of Corporation HOWARD 3. State of Incorporation 02857 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 Zip $Cit_{\lambda}$ 02857 0285 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

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

City

02909

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

City

Director Name

Street Address

File DateFILED
Check No. MAY 2 7 2009
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and aftern that	it I have examined this
report, including any accompanying schedules and	statements, and that all
statements contained herein are true and correct.	/ / /
Kelen La Sheme	ch 5/26/0
Signature of Officer	Date
Helen L. SHemick	
Print or Type Name of Officer	
TREASURER	
Title of Officer	
	Form 631 Rev. 09/17

State

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