

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

Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 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.I. 7-6-94 each corporation failing or refusing to file its annual masses within the situation of the second and the se

401.222.3040

penalty fee of \$25.00.	annual report within the time pres	cribed by law (R.I.G.L. /-0	-91) is subject to a	
1. Corporate ID No. 2. Name of Corporation ST, VINCENT DEPAUL	BRAUCH OF	DAMAGE S	VRIA	
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address R, I 34 HVTCHINSOW	<i>λ</i> ,	PAUT.	02861	
5. Foreign corporation. Enter principal office address	City	State	Zip	
NONK				
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island				
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7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS				
MICHAEL KANAHRY	Vice President Name	BALHANY		
3 HOWARD RD	Street Address TAPONI	KH 571		
CUMBERLAND SIANE RIT, 02864	PAUT,	State PII	\$2860	
Secretary Name EREDERIK KANAKRY	Treasurer Name TOAN P. K	SERMELL	<u> </u>	
Street Address DEEREIELD DR.	Street Address 1 to 10	LEN AVI		
EUEST WARWICK STATE RIT 02893	But	State Pol	02861	
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 Director Name				
GEORGE ELKAS	HABIA KAN	AGRY		
Street Address 55 VERMONT AU	Street Address BROAD	WAY		
CUMBERLAND State RII 02864	PAUT,	State R. L	01860	
SAMUEL SAABUGH	Director Name KENNETH	SALHANY	,	
31 KOSSUTH IT,	Street Address JAPON	CA ST.		
PAUT REGISTERED AGENT IN RHODE ISLAND	PAUT.	Islan T.	200861	
This information is currently of record in the Office of the Secretary of State	e. Changes require filing of Form	n 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

	FILED	
File Date	JUN 0 5 2009	
Check No	By 194	
Ву:		

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.