

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 $\frac{2009}{2}$

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.		
2 Name of Corporation () A A	nistries	
Plants Library Street Address	City Zip A CCC /	
	tue, warwick C2886	
5. Foreign corporation. Enter principal office address	City N/ O State A / O Zip A / M	
NCNE	"/V// // /V// // /V// //	
6. Brief Description of the character of the affairs which are actually conducted in Reporte Island Church Sunday morning, Bible teaching wednesday nite		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS		
President Name	Vice President Napre Sever VK, Zungvilli	
Survey Address 12 4 Chatwerth Ave.	Street Address 124 Chatworth Ave,	
City State R. I. Zip C2886	Cuy Warwick State R. I. 21886	
Secretary Names Beller V E Zanavilli	Treasuryer Name John A. Zangrilli	
Street Address 24 Chatworth Aux.	Street Address 124 Chatwarth Ave,	
Waruick State R. I. 24 C. 2886 8 NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES BEFORE USING ATTACHMENTS	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) THE INCLUSION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 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 Director Name Director Name	Director Name	
Street Address 614 Alton Carolina Rd.	Street Address 614 Alten Carolina Rdi	
Charlestown R.I. 200 C28/3	Chylestian RI, C25/3	
Director Name Built Yly Zanavilli	Director Name	
Street Address 124 Chatworth Ave.	Street Address	
Cuy Warwich State R.I. 1202886	City State Zip	
9. BEGIETEDED ACENT IN BHODE 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. 7-6-13/7-6-78		
This report must be 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
FILED File Date . JUN 05 2009 Check No. — By 10-370	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Rev: Signature of Officer Print or Type Name of Officer A N GNI 1
FOR SECRETARY OF STATE USE ONLY	Title of Officer PASTOK Form 631 Rev. 09/17