

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

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.

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|--|----------------------------------|---|--|---|---------------|
| 1. Corporate ID No. 75975 | 2. Name of Corporation BABCOC | | USE DOCENTS, | INC. | |
| 3. State of Incorporation | 4. Corporate address | in Rhode Island - Street Addr ANITE STRE | ress | WESTERLY | 02891 |
| 5. Foreign corporation. Enter | | | City | State | Zip |
| 6. Brief Description of the characteristics o | TOURS 4 | actually conducted in Rhock | TO SUPPORT H | STORIC HOUSE | Museum |
| 7. NAMES AND ADDRES | SSES OF THE OFFICE | RS: ("X" BOX FOR ATTA | CHMENT) FILL IN SPACES | BEFORE USING ATTACH | IMENTS |
| President Name JACOUBLINE BRENNAN | | | Vice President Name MARGARET BARCLAY | | |
| 28 MOONUGHT DRIVE | | | 28 CAPTAINS DRIVE | | |
| WESTERLY | RI | 02891 | WESTERLY | State 121 | 02891 |
| Secretary Name MARY COOL | | | Treasurer Name JANICE TUNNEY | | |
| Street Address CENT STREET | | | Street Address ELM STREET | | |
| WESTERLY | State R4 | 02891 | WESTERLY | State RI | 02891 |
| THE NUMBER OF DIRE | CTORS OF A DOMES | ORS: ("X" BOX FOR ATI TIC (RHODE ISLAND) | TACHMENT)∐ FILL IN SPACES) CORPORATION <u>SHALL NO</u> | BEFORE USING ATTACI BE LESS THAN THREE | |
| RONALD BRUNELLE | | | DONN BARCLAY | | |
| 64 PALMER STREET | | | 28 CAPTAINS DRIVE | | |
| PAWCATUCK | State | 06379 | WESTERLY | State R | 02891 |
| TALLY SARDELL | | | Director Name ANDA BUTLER | | |
| STREET \$135 EDGEWOOD AVENUE | | | Street Address SHORE ROAD | | |
| WESTERLY 9. REGISTERED AGENT | State R IN RHODE ISLAND | 2102891 | WESTERLY | State R4 | 02891 |
| This information is current | tly of record in the Off | ice of the Secretary of St | ate. Changes require filing of Fo | rm 641 - R.I.G.L. 7-6-13/7 | -6-78 |
| | | | resident, Secretary, Assistant Se | | |

| | Under penalty of perjury. I declare and affirm they I have examined this report, including any accompanying schedules and statements, and that all |
|---------------------------------|--|
| File Date FILED | statements contained herein are true and correct. |
| Check No. JUN 0 9 2009 | Signature of Officer JANICE TUNNEY |
| FOR SECRETARY OF STATE USE ONLY | Print or Type Name of Officer TREASURER Title of Officer |