

A. Ralph Moltis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

ovidence, ki 02904-2615 401.222.3040

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

penalty fee of \$25.00.				-	•	
1. Corporate 1D No.	2. Name of Corporation	<i>C</i> ,	1		••••	
135 210			red Teachers			
3. State of Incorporation		bode Island - Street Address		Portsmouth	Zip	
Rhode Island		istol Ferr		rootsmouth	02871	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Isla			land	<u> </u>		
о. ты рым од то свагаслег од то аданя инил иге астану сонанслеи т кожи влата						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
Rita Wood						
Street Address 47 Brown Terrace			Street Address			
Portsmouth	State R I	Zip のよらべ1	City	State	Zip	
Secretary Name	ce Ann (- ゴ こ こ こ し	Treasurer Name Mary	Anne Best	<u> </u>	
Street Address 44 Mohawk Drive			Street Address 781 Bristol Ferry Rd			
Portsmouth	State RI	Zip 6287	Portsmouth	State RT	02871	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
	ORS OF A DOMESTIC	C (RHODE ISLAND)	CORPORATION SHALL NOT B	E LESS THAN THREE	(3). R.I.G.L. 7-6-23	
Rita Wood			Mary Anne Best			
Street Address	Brown Te	rrace	Stroot Addrose			
Ports mouth	State RT	02811	Portsmouth	Bristol Fer	21p	
Director Name	ce Ann G	, Z Z L	Director Name			
Street Address			Street Address			
Car Portsmouth	State RI	0781	City	State	Zip	
9. REGISTERED AGENT IN RHODE 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						

File Date	FILED
Check No.	JUN 1 0 2009
Ву:	By 1053
FOI	R SECRETARY OF STATE USE ONLY

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.

Signature of Officer	5-13-0°
Signature of Officer \(\frac{1}{2} \)	Date
Mary Anne B	est
Print or Type Name of Officer	
Treasurer	
Title of Officer	