

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

2009

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.

permuy jee of \$25.00.					
1. Corporate ID No.	2. Name of Corporation				
30498	RHODE IS	LAND MINER	AL HUNTERS		
3. State of Incorporation	4. Corporate address in R	bode Island - Street Address		City	Zip
RHODE ISLAND	43 MADE	ELEINE AVE		WOONSOCKET	C2895
5. Foreign corporation. Enter prin	cipal office address		City	State	Zip
6. Brief Description of the character	of the affairs which are act	ually conducted in Rhode Isla	nd TO PROMOTE	STUDY OF EAT	BAH 20TEVICE?
MI OVA OT ONA	recuting an	NO GONZEKAN	1100 OF MINERA	r RESCURCES	
	S OF THE OFFICERS:	("X" BOX FOR ATTACHE	MENT)	EFORE USING ATTACH	MENTS
President Name			Vice President Name		
ANTHONY CESANA			NANCY MILLARD		
Street Address			Street Address G1 GREEN FIELD AVENUE City State Zip		
CHY SS ST, PAU	State STAREET	Zip	Gity 91 GRE	Cate	Izh
N. SMITHFIELD	(ZI	~~ C2896	POITSMOUTH	[CI	02871-S614
Secretary Name	1 1/2 1		Treasurer Name	1/-	00.7
TANALEE ANDRAGE			CLAIRE COUPER		
Street Address			Street Address	200121	
	TER TREET	# 407	43 MADELEINE ANE City State Zip		
359 CARPENT	State		City	State	Zip
PROUIDENCE	67	03909	LOCIONSUCKET	FT.	0089S
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATTAC	HMENT) TILL IN SPACES E	BEFORE USING ATTACH	IMENTS
THE NUMBER OF DIRECTO	ORS OF A DOMESTIC	C (RHODE ISLAND) C	ORPORATION <u>SHALL NOT I</u>	BE LESS THAN THREE	(3). R.I.G.L. 7-6-23
Director Name			Director Name		
RACHEL CESANA			JOEL RUSSO		
Street Address			Street Address		
85 BT. DAUL S	TREET		10 ESTER ST]
Сиу	State	Zip	City	State	Zip
N SMITHFIELD	€\Z	C9896	CRANSTON	I.A	09936
Director Name			Director Name		
THOMAS BAR	BISH				
Street Address			Street Address		
1564 HARKNE	y HILL RO				
City		Zip A S C L i	City	State	Zip
COUENTRY	RI	C9816			1
9. REGISTERED AGENT IN	RHODE ISLAND				
This information is currently of	of record in the Office	of the Secretary of State	. Changes require filing of Forr	m 641 - R.I.G.L. 7-6-13/7	-6-78
This report must	he signed by either t	he President Vice Presi	dent Secretary Assistant Sec	retary Treasurer Receiv	er or Trustee

	Under penalty of perjury, I declare and affirm that I have e report, including any accompanying schedules and statements	
	statements contained herein are true and correct.	
File Date FILED	Wans & Cooper	
- 0000	Signature of Officer	Date
Check NoJUN 1 5 2009	CLAIRE G. COOFER	
$B_{V} = 1/(2)$	Print or Type Name of Officer	
FOR SECRETARY OF STATE USE ONLY	TREASURER	
	Title of Officer Form 6:	31 Rev. 09/17