

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

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

peratity jee oj \$25.00.				
1. Corporate ID No. 2. Name of Corporation Lakery Caneer	Technic	al Inswhot	e, luc	
3. State of Incorporation 4. Corporate address in Rhode Island - Street A	lddress	City	Zip	
RHUK ISLAMS 157 LINCOLN ST.		WOONSO	4161 02895	
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 Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name 120GER DAZUME	Vice President Name			
Street Address	Street Address	Street Address		
157 LINCOLN ST				
City State Zip	City	State	Zip	
Ugonsocket RI 02895				
Secretary Hyme / 1	Treasurer Name	- , , <u>, , , , , , , , , , , , , , , , ,</u>	<i></i>	
tallon tania has billes		REDZA L 11.	AZUME	
Sirgel Address !: She Bridge St	Street Address	INCOLN ST		
Dronstrict Stay Not 24 0290	9 WOONS	OCKet State	02895	
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	Director Name	, ,		
ROLFA MAZUINE	FRE	079 L. 1471	4/4E	
Sireet Address	Street Address			
157 LINCOLN ST	157 4	Incoln St		
City State Zip	Сиу	State 2	Zip	
WOONSCRIET PLI 0289	MOONS	SOLKET KI	0289	
Lallon Tania Jean-Gille.	Director Name			
Spen ratiress for brack St	Street Address			
City Prop. Study RT Zip 0291	7 City	State	Zip	
/ -   -	l	1		
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				

	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.
File Date	ROGER LAZINITE June 15, 05
Check No. JUN 1 5 2009 00:4 Hd SI NOT 2017	Signature of Officer/ Date
By: D. 002/02 4:00	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	PATSIDENT
	Tulk of Officer Form 631 Rev. 09/17