

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

penalty fee of \$25.00.	Tigiz. 7 0 9 1, then corporal	on juung or rejusing to jue	us annual report within t	ne time prescribed by talb (K.I.G.L.	7-0-91) is subject to a
1. Corporate ID No.	2. Name of Corporat	ion G	1 Owner's	Acomo it : 7	•
3. State of Incorporation	4. Corporate address Two The	in Rhode Island - Street Addr	1 200	7550C/M/10W Brovidence	NC Zip D2903
5. Foreign corporation. 1	Enter principal office address	, , , , , , , , , , , , , , , , , , , 	City	State	Zip
Conducting	RESSES OF THE OFFICE		CHMENT) FILL IN	instant of Two Tho spaces before using atta	CHMENTS
President Name BAVIE BAUDONIN			Vice President Potok Stein parker		
Street Address Two Thomas	UST. Unit	200	Street Address The	omas St Umit	700
Prov.	State T.	02903	Prov.	State L. Z.	24 D2 J03
Secretary Name		3	Treasurer Name	★ ++++++++++++++++++++++++++++++++++++	
Street Address			Street Address	уменуруна .	******
City	State	Zip	Сиу	State	Zip
				 SPACES BEFORE USING ATTA	
Director A tme	rectors of a dome.	STIC (RHODE ISLAND)	Director Name _ •	LENOT BE LESS THAN THE	
Street Address Tho	mas St. U	wit 200	Street Address	West ST	
Prov.	State I	2403 Od 903	City Prov.	State P.Z.	2ip 02909
Director Name	a Stoin SAN	box	Director Name	- 1,00	
Street Address Two The	omas St. U	nit 300	Street Address	\\\\\	
Prov. 9. registered age	State 5.	[219 02 903	City City	State	Zip
This information is cur	rrently of record in the Of	fice of the Secretary of St	ate. Changes require fili	ng of Form 641 - R.I.G.L. 7-6-1	3/7-6-78
				istant Secretary, Treasurer, Rec	

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all		
File Date 6-16-09	statements contained he city are true and correct.	6/13/09	
Check No.	Signature of Officer A. Nacodon in	Date	
By:	Print of Type Name of Officer		
TOTAL CONTROL OF STREET OF STREET	Title of Officer	E (21 B (22 E	