

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

148 W. River Street
2006 Providence, RI 02904-2615
401.222 2040

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

penatty jee of \$25.00.			
57629 Events & Plum Beach	Casthoria Inc.		
3. State of Incorporation 4. Comporate address in Rhode Island - Street Address 1. 0 10 4	Mby/ Kinstein 202852		
5. Foreign corporation. Enter principal office address	City State Zip		
Geren Description of the character of the affairs which are actually conducted in Rhode Isla Performance to The Restoration and the South	tion of the Plum Booch by hoping		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name	Wice President Name		
Maso & aguilla	XWAN METILE		
20 Arborbay	6 4mbor Thee		
Dorth Kungstein (R) 02852	Sunstan State R1 240		
Delaves Hoebe	Cynthia Tully		
40 Web fire, Hamilton Harbor, Unit 13	Street Address North Cobble Hill Road		
North Knowtown State R1 08852	Warwicz 18 20086		
•	HUENT) FILL IN SPACES BEFORE USING ATTACHMENTS		
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) O	ORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23		
meconname Co VICE Mesident	Director Name		
Harnen Grant	Scorde Silim		
Street Address 78 WINSON Road	special results Street		
Pautuclet state R1 2402861	Worth Kingstown State R1 32852		
Director Naple WIIIMOVME	Prector Name TON Cla Lund		
6 Trunks Neck RV	Street Address Country Street		
9. REGISTERED AGENT IN RHODE ISLAND	Somerset MA 202726		
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			
	, — j,j,j,j, Accounts, Accounts of Huston		

FILED	Under penalty of perjury, I declare and affirm that I have examined the report, including the accompanying schedules and statements, and that a statements obstated herein are true and correct.	
Check No.	Signature of Officer Date Out hear Ly willy	2
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Tale of Officer	_

Form 631 Rev. 09/17