

A. Ralpb 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

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

* In accordance with K.I.G.L. /-6-94, each corporation jutting of rejusing to jut its airman report 2 in the penalty fee of \$25.00.				
1. Corporate ID No. 2. Name of Corporation LNEW OSH455VCK				
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address		con predance	029061	
5. Foreign corporation. Enter principal office address	City	State		
6. By Pescription of the character of the alfalts which are actually conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHE	Vice President Name	140	3	
President Arthur Plitt	benjamm a	W/ C	9	2
Street Address COOKE ST.	Street Address 505 (O)	and AVE	_ 8 ~품,	
Pawtuyet state 2402860	Pantrikat	State PL	01861	_
Secretary Name KOUVICE	Treasuper Name OVEG OL	NT		
Street Address 376 th St	Street Address 37613	<i>S/</i>		
Cuy Providence state RT 2100406	cio Providence	,	240 GOG	
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				
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) Of Director Name Of Well College	Director Name (ONS/TUNCE			
Street Address IVL 8/4 ST	Street Address VIP (afazelle ST		-
provulnie saugat 24006	cuspantakt	State ILC	240 2860	
Director Name Paul MCFIVOY	Director Name Bruce	Campbell		
Street Address 1 & & UNGUM AVE	1 / 0 /	ntren Av	2	
State No Choy State	ou / Widene	State RE	240 V90P	
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 thi report, including any accompanying schedules and statements, and that all
File Date FILED	statements contained herein are true and correct.
File Date	Signatufe of Officer Date
Check No	Signature of Officer Color Type Name of Officer Signature of Officer
By: 93306	Print or Type Name of Officer