

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street

401.222.3040

Providence. RI 02904-2615

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.			
1. Corporate 1D. No. 119737 PARCIEC VIILAGE ASSOCIATION			
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address POBOX 151		W. WALLELL	62£93
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			
VELIAGE FURNIVEHOUT ASSOCIATION			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACH	(MENT) FILL IN SPACES BE	FORE USING ATTACH	MENTS
Lewes Pryeor	VICE President Name VICTORIEA	LAMOUNDA	W
Street Address MATHUST.	Street Address 9 MAN	U ST:	
W. WAMWECK STATE P.J. 2493	W. WARWELL	State AT	02£93
DAUED LESAULT	Edward P.	LAURON	120
street Address 110 Hay STREET	Street Address 1227 MANU	ノとグ	
W. WAawriz State PT 2102593	W. WAWEK	State A.	02093
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILE IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) (Director Name	CORPORATION SHALL NOT B	E LESS THAN THREE	(3). R.I.G.L. 7-6-23
Lewis Payeon	Edward P. L	BUNEWZC)
Street Address 1227 MASW ST.	Street Address 1227 MATH	リタブ	
W. WARWEK State NI DISCB	W. WARUNCK	State N.Z.	202843
Director Name LFCTORDA LAMOUREAUX	DANEE La	fALL LT	
Street Address 1219 MASW ST.	Street Address	Treet	
W. WAWER K STATE OLS 93 9. REGISTERED AGENT IN RHODE ISLAND	W. W MW DOK	State 1	02843
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 Pres	ident, Secretary, Assistant Secr	etary, Treasurer, Receiv	er 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
FILED	statements contained herein are true and correct.
Check No. JUN 1 8 2009	Signature of Officer Place Now W
By: By /// 7	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	TILEAS UNCIV