

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

Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 200 \$ 401.2223040 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.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to fi to a penalty fee of \$25.00.	le its annual report within the time prescribed by law (R.I.G.I. 7-6-91) is subject	
1. Corporate ID No. 2. Name of Corporation 1. Corporation 1. Corporation 1. Corporation 1. Corporation 1. Corporation	w Voice lin	
3. State of Incorporation 4. Corporate address in Rhode Island, - Street Address Macon dray	s Cumberland 02864	
5. Foreign corporation. Enter principal office address	City State Zip	
6. Brief pescription of the character of the affairs which are actually conducted in Rhode island to Rt sis Reyclis. Support Art		
Tugely Interest 7. Names and addresses of the officers: ("x" box for attachment) [] fill in spaces before using attachments		
President Name Pay F. D'Adams	Vice President Name Dour Flewars	
Street Address 531 Pain 14	Street Address 73 Old Nasmville Rd	
N, Allehor State MA 21/02760	Harrisville State 15 210 02803	
Secretary Name Chris Retripolors	Par (FID Adamo	
Street Address 42 Ordley Ar	Street Address 531 Pain Ad	
Middle som State RI Zip 02842	N. Attlebon State MA Zip 02760	
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 Paul F. O'Adams	Don Flewan	
Street Address 531 Pain Rd	Street Address 73 Old Nesomalk M	
N. All bon State WA 51/2 02760	Hanisul State 15 02803	
Director Name Chris Petropolous	Director Name	
Street Address 42 Ord Ca Av	Street Address	
Middleton State (+ 71) 02842	City State Zip	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Change	Address 53 Paik N. Abble Som M	
Address Macondray S+	Combelder O2814	
This report must be signed by either the President, Vice Presi	dent. Secretary, Assistant Secretary, Treasurer, Receiver or Trustee	

	nt, Vice President. Secretary. Assistant Secretary, Treasurer, Receiver or Trustee
File Date FILED Check No. JUN 2 2 2009	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 orrest. Signature of Officer Date
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 631 Rev. 12/06