

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 to a penalty fee of \$25.00.

1. Corporate ID No. 28097	2. Name of Corpora  CALVAI		ACH of NARRAGAN	ISETT	
3. State of Incorporation RHODE ISLAND	4. Corporate addres. 32 AYI	s in Rhode Island - Street Addi	ress	City NARRAGANSETT	Zip <b>02882</b>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character Business 7. NAMES AND ADDRESS	of the c	hurch			
JERRY THIE		ERS: ( X BOX FOR ATTA	CHMENT)   FILL IN SPACE  Vice President Name  VACK HOL		MENTS
Street Address 35 AUBUKN RD City State 720			Street Address 31 NOEL CT		
WAKEFIELD	State R 1	<sup>Zip</sup> 02879	WAKEFIELD	State R 1	Zip 02879
Secretary Name JENNIFER AMBRAD			Treasurer Name  JENNIFER AMBRAD		
Street Address 14 ROSE CIRCLE Gity State  To			Street Address 14 ROSE CIRCLE		
WAKEFIELD 8. names and address			City  WAKEFIELD  CACHMENT)   FILL IN SPACE  CORPORATION SHALL NO	S BEFORE USING ATTACH	ziρ <b>02879</b> MENTS
DONALD		(	Director Name WARREN 51		(3). R.I.G.L. 7-6-2
Street Address 32 AVICE ST			Street Address 36 GIBSON AVE		
NARRAGANSETT	State R 1	<sup>zip</sup> 4 2882	NARRAGANSETT	State R1	<sup>Zip</sup> <b>02882</b>
Director Name JOHN CAREY			Director Name RICHARD NOONEY		
Street Address 40 CHRISTOPHER ST			Street Address 468 KINGSTOWN RD, UNIT #1		
City WAKEFIELD D. registered agent in	State R(  RHODE ISLAND	zip 02879	WAKE FIELD		<sup>χφ</sup> 02879
This information is currently	of record in the Off	ice of the Secretary of Sta	ate. Changes require filing of Fo	orm 641 - R.I.G.L. 7-6-13/7-6	-78
This report mus	st be signed by either	er the President, Vice Pre	esident, Secretary, Assistant S	ecretary, Treasurer, Receive	r 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
File Date 6-23-09	statements contained herein are true and correct.
Check No2593	Signature of Officer Date
By:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	TREASURER Title of Officer