

penalty fee of \$25.00.

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

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

1. Corporate ID No. 2. Name of Corporation ME PARATURI 32102 COMMUNITY 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address City. SOMERSET HHUDA ISLAND 02507 5. Foreign corporation. Enter principal office address City 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island THROUGH EDUCATING CHILDREN THREE GRADES 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name HITTNER BARRI RICHARDSON Street Address Street Address WARW, 4 02507 YBOU IDENCE Secretary Name Treasurer Name MARTIN Street Address PO BOX EAST GELLNAICH 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) TILL 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 Director Name ABRAMS JUAN JEFFREY Street Address Street Address PO BOX 855 City 02808 BAST GREENNICH Director Name Director Name MARK (180011)20NR2 9. REGISTERED AGENT IN RHODE ISLAND DANIEL CORLET 136 SUMMES 51. PAONICES PO 02907

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

1 BUSTEE

	<del></del> -
	Under penalty of perjury, I declare and affirm that I have examined this
	report, including any accompanying schedules and statements, and that all
6-26-09	statements contained herein are true and correct.
File Date	Jan Carey 6/09/01
Check No. 09935	Signature of Officer Date
By (MMC)	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer

Form 631 Rev. 09/17



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JUN 26 2009

By\_MMC\_ SD # 32/02