

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

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 11) No. 2. Name of Corporation MISAVAMILLY BUSINESS ASSOCIATION		
3. State of Incorporation 4. Corporate address in Rhode Island - Street Ad 3.19 A 7/antic Aug	c. POBOX 1302 Ciny uesterly 202891	
5. Foreign corporation. Enter principal office address	City State Zip	
- Address - Addr		
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Promotion of Beach area		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS		
President Name Thomas Jasulavic	Rebelia Colulli	
Street Address J4 Winnafaus Rd	Street Address Hantic Auc.	
City Westerly State RI 2102891	westerly same RI Zip 02891	
Robert L. Barber	Treasurer Name Pelligrino	
Street Address Annanias St.	Street Address ATlantic Ave	
Westerly Share RI 74 02891	westerly siale RI 12102891	
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		
Banbana Stillman	Carl Sista	
319 Atlantic Ave	Sireci Address Atlantic Ave	
Gir Westerly State RI Zip 02891	westerly state 12I 210 02891	
Director Name Carol Burdick	Director Name	
Street Address 19 A Hantic Auc	Street Address	
Cur Westerly State RI Zip 02891	City State Zip	
9. REGISTERED AGENT IN RHODE ISLAND		
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 this report, including any accompanying schedules and statements, and that all
1 10 00	statements contained herein are true and correct.
File Date 6 29-09	Robert & Barber 6/26/09
Check No235/	Signature of Officer Ribert L. Barber
By: MMC	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer
	Form 631 Rev. 09/17