

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 \$25.09.						
1. Corporate ID No.	I	2. Name of Corporation				
000114164		ND RETIRED TEA n Rhode Island - Street Addre		City	Zib	
3. State of Incorporation	c/o ANRP-18	I. 10 ORMS		PROVIDENCE	02874	
5. Foreign corporation. Enter p	rincipal office address	,	City	State	Zip •	
			RED EDUCATE MIC STATUS AND WE			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAINMENT OF THE OFFICER			VIVIAN FAU			
Street Address 577 Sout	HI ROAD		Street Address 577 South	Hy ROAD		
S.KINGSTOWN	State RI	^{Zip} 028 1 9	5. Kingstown	State	^{Z49} 02879	
Secretary Name (RELOROMA)			Treasurer Name CHARLES GOLDEN			
For POJAC ROAD			Street Address 8 DARTMOUTH AVENUE			
n. Kingstown	State	05825 540	RIVERSIDE	State RI	0291S	
8. NAMES AND ADDRESS		-		BEFORE USING ATTAC		
Director Name A L L L L L L L L L L L L			Director Name A / 1/1 A FAUL CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Street Address S77 Southy ROAD			Street Address 577 SOUTHY ROAD			
S.Kingstown	Shate RI	OZ879	S. KINGSTOWN	State RI	02879	
Director Name LILIAN DE GIULIO			CHARLES GOLDER			
Street Address To POJAC ROAD			Street Address DARTMOUTH AVENUE			
N.KINGSTOWN	State	02852	RIVERSIDE	State RI	0Z915	
9. REGISTERED AGENT I	N RHODE ISLAND					
This information is current	y of record in the Off	fice of the Secretary of S	tate. Changes require filing of Fo	orm 641 - R.I.G.L. 7-6-13/7	7-6-78	
This report me	ust be signed by eithe	er the President, Vice P	resident, Secretary, Assistant S	Secretary, Treasurer, Recei	ver or Trustee	

	FILED	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	JUL 0 1 2009	statements contained herein are true and correct. SS:0 HV 1 - 700 6002 12/2009
Check No.	By 03	AIG SNOITY 2004800 Norm CHAPMAN 3IVIS 10 AUVIS 33 Print or Type Name of Officer
Ву:	<u> </u>	GANIBUS & CONTINUE OF TYPE Name of Officer