

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

rovidence. RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

401.222.3040

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

penalty fee of \$25.00.			a so unnum report within	t the time prescribed by this (R.I.G.	L. /-6-91) is subject to a
00000287	88 2. Name of Corpo.	V. E Compo	щ		
State of Incorporation R L	4. Corporate addr	ess in Rhode Island - Street Ad H16HLAND	AVE	BARRINGTO	N 0280G
Foreign corporation.	Enter principal office address	(, O(, D/(O))	City	State State	Zip
To Educate Y	t present moi	are actually conducted in Rhoo RMENT WORKS	Lips/Derfor	mances design	red to help pe
NAMES AND ADD resident Name Kell. Will	PRESSES OF THE OFFI	The body CERS: ("X" BOX FOR ATT	AS A'IS I'NST ACHMENT) □ FILL IN Vice President Name	YU MLU TO F CO-IW SPACES BEFORE USING ATT	WWICA Fiby ACHMENTS
reet Address 110 High	land tre		Street Address		
Darring to	n State 72.I	0 2806	Сйу	State	Zip
ecretary Name			Treasurer Name		<u> </u>
reet Address			Street Address	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
(y	State	Z.Up	City	State	Zip
NAMES AND ADD	RESSES OF THE DIREC	CTORS: ("X" BOX FOR AT	 TACHMENT)	SPACES BEFORE USING ATT	ACHMENTS
rector Name CHARLE	S CHOPIL	STIC (RHODE ISLANI	Director Name To HN	H. DAVIS	REE (3). R.I.G.L. 7-6-
29 MASSASOIT			Sireet Address 110 Highland Are		
Barringto	n RI	02806	Barrino	State IZI	02806
rector Name KELL	Wicke DA	n/iS	Director Name		1-2000
110 HiGHLAND AVE			Street Address		
Borring REGISTERED AGE	ton BI	02806	City	Staje	Zip
is information is curr	rently of record in the O	ffice of the Secretary of S	tate. Changes require fili	CRINGDN PI ing of Form 641 - R.I.G.L. 7-6-1	02806 3/7-6-78
				istant Secretary, Treasurer, Re	

	Under penalty of perjury, I declare and affirm that I have examined this
FII FD	report, including any accompanying schedules and statements, and that all statements contained herein are the and correct.
File Date	See Much Stab 6/11/0
Check JUL 0 7 2009	Signature of Officer Date
- (1)	KELLI WICKE LAVIS
By By UU A	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	THE OF Officer