

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

penaity jee oj \$25.00.						
1. Corporate ID No. 13 K151m Stars Inc						
3. Stand of Incorporation Rhode Island	4. Corporate address in Rh	oode Island - Street Address C-14 5+		Crawtin	02920	
5. Foreign corporation. Enter princ			City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Training Life Skills and Funily bonding 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name Josh Jenkus			Vice President Name A Jette			
19 Vorvana St Cranta RT			Street Address Standwood			
	State K.J.	ひとちと	Providen	State	240 QU FO Z	
Dora Pola			Ponna R-	Jenkins		
Street Address 31 Carolina	Ave		Street Address onena	5+		
cransh	State 7	SUPER STATE OF ATTAC	Crant	state KI	21p 0252	
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						
Director Name CuraN			Direfror Name Larry Pollock			
Street Address Joelal	stret		Street Address Bluf F	Avena		
Woonsock	State N±	02995	Cranta	State L	202905	
Valessa Hall		Dennis Doma				
Go Bky FF	Are Got	N	Street Address DIVISIA	st		
· Crant	state L	02905	manile	state NI	02835	
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 report, including an Taccompanying schedules and sta	
File Date FILED Check No.	Signature of Officer	7-6-0 Date
By:SETANUS SETANUS	Print or Type Name of Officer Posident	
	Title of Officer	Form 631 Rev 09/17