

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Form 631 Rev. 09/17

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 penalty fee of \$25.00.

penalty fee of \$25.00.					<u> </u>			
1. Corporate ID No.	2. Name of Corporation	1 1 2 1 1 A	Water C	SWAV), I	- И С		ļ	
276492	Dingle-Mind	Vision G	307177 4	City	Zip			
3. State of hicorporation	4. Corporate address in Rh			Cranston	02905			
Rhode Island	31 Drowne	Street	1 = -		State	Zip	<u> </u>	
5. Foreign corporation. Enter prin	ncipal office address		City		Situate	" "		
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6. Brief Description of the character	of the affairs which are acti	ually conducted in Rhode Isl	and	0	10	i.		
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7. NAMES AND ADDRESSE		CHEER DOW TOR ATTACE	(MENT) [] FI	TI. IN SPACES I	BEFORE USING ATTAC	CHMENTS		
7. NAMES AND ADDRESSE	S OF THE OFFICERS:	("X" BOX FOR ATTACE	Vice President	Name			1	
President Name			RAMINE FINITE					
Eva COHMBIE				Street Address				
Sircel Address			49 Main Avenue					
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(a)	State	02905	10000	(e)icK	I RF	10288	6_	
CRANSCON		1000	Treasurer Nan	ne				
Secretary Name				Navina J Miller				
TRacy M. Walker				Street Add Ass				
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8. NAMES AND ADDRESS THE NUMBER OF DIRECT	ES OF THE DIRECTO	IC (PHODE ISLAND)	CORPORATI	ON SHALL NO	BE LESS THAN THR	<u>EE</u> (3). R.I.G.L	. 7-6-23	
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Director Name	1 11/2 6	<u> </u>	100	ADV A	. Osunba			
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131 1erra		<u> </u>	City (<u> Luun</u>	State	Zip	200	
City	State 17 T	Keg CA	1 1 1 2	Madonce	ρ T	02505	경 유]	
Cranston	100	100-70-0	Director Nan	A 440-4-			<u> </u>	
Director Name	1.1.						<u> </u>	
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Street Address	Street		1			 	5⊙<	
31 Dirowne	State	Zin	City		State	Zip 🛣 🗧	7	
City C	Sale -	02905	1			و بب ا	⊒સં∽	
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This information is current	tly of record in the Offic	ce of the Secretary of S	tate. Changes r	equire tiling of F	OHII 041 - K.I.O.L. 7-0-			
ont in the second of	nust be signed by either	r the President, Vice P	resident, Secre	etary, Assistant S	Secretary, Treasurer, Re	eceiver or Truste	:e	
Inis report ii	lust be signed by ermor							
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		27		eport, including an	y accompanying schedule d berein are true and com	ect.	WIN HIDE HI	
	/	(1/09 SH)	163 7	anemeris containe	d actem are true and con	Die		
File Date		_**/	٠. ا	1/02/	- Ohn		Data	
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Check No.				FILA (SAMPLY	=		

Title of Officer