

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009994.2615 401.222.3040. Filing Period: June 1 - June 30 • Filing Fee: \$20.00* THIS BEDORE

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.

7-1119				
1. Corporate ID No. 45462 LEO - COUNCIL-BUILDING ASSOCIATION				
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address	-ST.	West WARWA	15 028°C	
5. Foreign corporation. Enter principal office address	CHy	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island FANTER NAL ORGANIZATION				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS				
President Name JERRY MARRA	Vice President Name ANG-CL6	FERRA	RI	
276 PROVIDENCE ST.	36 ReD 01	9K DR		
WET WAR WICK STATE P. I D2893	COVENTRY	State R.I	02816	
Secretary Name NOCTLO FERRARI	Treasurer Name JERRY	MARRI		
Street Address CD CDK DR.	Street Address ROVIDE	Nee ST	7	
State State Zip STATE Zip STATE STATE Zip STATE S	WEJ WARWICK HMENT) FILL IN SPACES BI	State STACH	2592 MENTS	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23				
ANTHONY CARNEVALE	Director Name	ROCCHIO		
Street Address 44 STAM AVE	Street Address 25 W CS TB	ROOK	RD.	
CRANISTON State D2920	CRANISTON	State R.T.	04930	
DIRECTOR NAME JUSTIN MARRA	Director Name VCRMAN	LAVAL	155	
Sprage Address PROVINENCE ST	Street Address EILCI	N AVC	0	
WEST WARWICK State R.I. 210 2893 9. REGISTERED AGENT IN RHODE ISLAND	CRANSTON	State R.I.	02920	
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
File Date FILED Check MUL 0 9 2009 By: By FOR SECRETARY OF STATE USE ONLY	Signature of Officer Print or Type Name of Officer Print or Type Name of Officer Date
	Title of Officer Form 631 Rev. 09/17