

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 2089 401.2 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.	
1. Corporate ID No. 2. Name of Corporation	
11166 NAMI westerly/	Charles
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address	$\begin{array}{c c} City & \hline A & D & Zip \\ \hline \end{array}$
Kt 11 Reverdade Re	(Wesley 02891
5. Foreign corporation. Enter principal office address	City State { Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Isla	nd
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHA	MENT) FILL IN SPACES BEFORE USING ATTACHMENTS
President Name	Vice President Name
John Munitord Sr.	Roseana Munterd
Street Address	Street Address
11 Kivercale 11d	11 Riverdale Md
westerly sure RI 02891	Westerly RI 02891
Secretary Name Mariarie N. Rekowski	Denise M Huard
Street Address 260 Woody 11e-Alton	Street Address 29 River Rd
Hope Jalley State RI 62832 8. NAMES AND ADDRESSES OF THE DIRECTORS: CX BOX FOR ATTAC	City State RI 02861
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) O	
Director Name	Director Name
Marionne Kanter	Ken Merrit
Street Address 34 Danizetti Rd	Street Address 104 Bookly St.
Westerly Sime RI D 2891	City State 1 1 02891
Director Name John V Mumford. Jr	Director Name
Street Address 122 Cross St. Apt C209	Street Address
City Westerly State RI 02891	City State Zip
9. REGISTERED AGENT IN RHODE ISLAND	I I
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 Presi	dent, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee
This report must be signed by either the President, Vice Presi	dent, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED	1 1
File Date	9
Check No. By:	-
FOR SECRETARY OF STATE USE ONLY	-

Order penalty of perjury, I declare and affirm that I have examined this	5
report, including any accompanying schedules and statements, and that a]]
statements contained herein are true and correct.	
M M I I I S	
	_
Signature of Officer Date	
tal II Mills	
JOHN V. Muntard Sr.	_
Print or Type Name of Officer	
President	
Title of Officer	_
Form 631 Rev. 09/1	7