

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 penalty fee of \$25.00.

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1. Corporate ID No.	2. Name of Corporation 13412CK CONC	iress	1	
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address RILIRIA	<u>/</u> =	City	02905
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	and	11.01.0	4
to RUCONC	of the affairs which are actually conducted in Rhode Isla L12 f + L15 PIECE	OFLOCA	<u>/</u> /-//57+0K	<u>}_</u>
7. NAMES AND ADDRESSE	S OF THE OFFICERS: ("X" BOX FOR ATTACH	MENT) [] FILL IN SPACES B	EFORE USING ATTACH	MENTS
President Name CLPS+PR	GOORGE	Wice President Name INAL F F R	BAKPR	
Street Address PR1	IRI F	Street Address CA	LPER	
PROVIPECE	State Zip	PROUIPILL	State R F	Zip
Secretury Name	M /-10LLP)-	Treasurer Name 126 GER 5		
Street Address 300 BR6,	ND Street	Street Address HAM	mony	
PROFINA R NAMES AND ADDRESSI	State 2ip	PROVINECA	State =	Zip IMENTS
1		CORPORATION SHALL NOT		
	GrorGE	Director Name WALTSF	BAKER	2
Street Address PR 15	1211=	Street Address CAL		
PROVINCE LIZ	state R 7 Zip	PROVING		Zip
Director Name A K O L F //	14066 61	Director Name KOGER S	UMMER	
Street Address BRO	ND Strack	Street Address	n mon	دار
POUL DE CONTROL DE CON	State Zip N RHODE ISLAND	PROVIA	State R =	Zip
ļ	y of record in the Office of the Secretary of Stat	e. Changes require filing of For	m 641 - R.I.G.L. 7-6-13/7	7-6-78
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This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.	
JUL 3 0 2009 8E:11 HV DE 701 61102	Signature of Officer CLESTCR GPORGE	
By 045650 AIO \$20 7786.8800 31786.8800	Print or Type Name of Officer PRESIDE 10 +	
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 631 Rev. 09/17	