

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

401.222.3040

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 1D No. 75517	2. Name of Corporation MOS	101645			
3. State of Incorporation	4. Corporate address in Rhode island - Street Address 6 2 P R / \(\) R F cipal office address		City	02905	
			State	Zij)	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island SEGMANIS OF OUR CULTURIL RICK 4ESS					
President Name	S OF THE OFFICERS: $(^*X^*BOXFORATTACH)$	Vice President Name WKLTER BAKER			
Street Address PRIXIPIF City PROVIDIENTE R= Zip 02405		Street Address CACDER City State 2 Zip			
PROVIDENTE	State R = 102405	PROUIDENCE	RI	2.11)	
CARULYH HOLLED		ROGER SUMMER			
Street, Address o BROAD Street		Street Address HAM HUND			
Pro LIVIC	State Zip Zip S OF THE DIPECTORS: ("Y" ROY FOR ATTAC	PROUPFACESE		Zip HMENTS	
6. 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	George	Director Name WALKER	_		
Street Address 162 PRAIRIE		Street Address 43 CALDOR			
PROVIDURCE	State R = 32905	PROUIDFEF	State R	Zip	
Director Name LUGER SUMMFR		CKRULT NAME CKRULT N / 1666 F)-			
Street Address LIN MON State Pro-101-11 State Zip		Street Address 500 BROAD STRPP			
Poc - (0/2 (/	State /2 = Zip RHODE ISLAND	Street Address 5 50 BROAD STRPP City PROUTPÉULE R			
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
FILED	statements contained herein are true and correct.
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Check No	CLESTER GFORGE
By: 3.WIS TO YAM! IMOJE	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY () A HOUSE	Title of Officer Form 631 Rev. 09/17