

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 401.2

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLYIN 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 | (10.1.0.2.7.0 | | |
|--|--|----------------------------|----------------|--|
| 1. Corpusal of 1D No. 2. Name of Corporation beria h | Connection | 1/Constit | utuel St | |
| 3. State of Incorporation 1. Europerate address in Roode Island - Street Addless 16 MILEN AVE, SE | 1B | Prov. | 02905 | |
| 5. Foreign corporation. Enter principal office address | Сіцу | Slate | Zip | |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Lib light of Hythen Bluty Pagents 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHS Provided Name S. Francis | vice tresident Name Thereby | ranci's | MENIS | |
| 16 Miller Avenue, 8to 18 | 16 Miller | Aulane, | 86 1B | |
| Providence State R.I 2ip 02905 | Providence | R.I | 02905 | |
| Secretary Name Frystal Sauce | Bendu N | 1655aquo | <u>í</u> | |
| Street Address Miller Ave, 8te 1B | 16 MILEN | Aue, Ste | IB | |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTAC. | PoUi deal hment) fill in spaces b | K. L EFORE USING ATTACH | 02905 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 | | | | |
| Nellie S. Rangis | Theyses t | Vantis | | |
| 16 miller Aneme Sto 1B | Street Address Miller | Aue, & | 21B | |
| Providence, R.I. 102905 | Providence | State F. I | 2405 DZG05 | |
| By Lal Same | Benelu W | rassagu | 20 | |
| 16 Miller Ave, Ste 1B | Street Address Miller | Aue, Sto | ,1/3 | |
| 9. REGISTERED AGENT IN RHODE ISLAND | pardece | State | 02905 | |
| 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 EI ED | statements contained herein are true and correct. |
| Check No. JUL 3 1 2009 | EI: Hd 18 7 Holling S, Francis |
| By 045808 | NIO STATE OF Type Name of Officer ALO STATE OF THE NAME O |
| FOR SECRETARY OF STATE USE ONLY | Form 631 Rev. 09/17 |