

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

Providence, RI 02904-2615 401.222,3040

Form 631 Rev. 09/17

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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 Conjuration	ciacin c	6 lengolan	od Mus	ra Tufatin
3. State of Incorporation Whoole Isla	4. Corporate address in R	hode Island - Street Address	8	Pan'oloued	21p 02907
5. Foreign corporation. Enter pri	ncipal office address	V	City	State	Zip
6. Brief Description of the characte.	r of the affairs which are gct	ually conducted in Rhode Islan	nd 1 i	Line Translar	10 10 /18
To prisent	Virizala	*.	Hiraugh ou		
7. NAMES AND ADDRESSI	S OF THE OFFICERS	: ("X" BOX FOR ATTACH)	Vice President Name_ /	EFORE USING ATTACH	MENTS
YASMIN.	RINCON.		Ana Chiri	nos .	
Street Address LUBO	c 57.		Street Address 5, Wall ST	Linden	KI 02868
Por Level	State RI	02904.	Linealn.	State RI	21p 02864
Secretary Name NO UU S	aucher.		Treasurer Name	abral.	
Street Address Chroux	"Ino the		Street staress Oraging	57.	
In frondence	State RI	Zip 0 2 90 4	Cost for.	State LT	02914.
8. NAMES AND ADDRESS	ES OF THE DIRECTOR	RS: ("X" BOX FOR ATTAC		BEFORE USING ATTAC	
THE NUMBER OF DIRECT	TORS OF A DOMESTI	C (RHODE ISLAND) C	·	BE LESS THAN THREE	(3). R.I.G.L. 7-6-23
Director Name	biano.	_	Director Name	s Lause	.D .
158 North	Washing	Kon 5/#21	Street Address Admis	ca st.	
"Nathelon	State MA.	25p 0296/	En deve	State RII	02905
Director Name LSalel C	hnursa	) .	Director Name		
Street Address Hocha	rd A		Street Address		20
City Hope	State RIAND	Zip	City	State	7.10 A C. C. C. R.
9. REGISTERED AGENT IN RHODE ISLAND  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 Trustee					
		FILED			# B B B B B B B B B B B B B B B B B B B
	Α	UG 04 2009			<b>~</b>
	Ву	mi			
		29-96011	report, including any a	iry, I declare and affirm the	at I have examined this distanced statements, and that all
			statements contained h	erein are true and correct.	2/4/89
File Date	M 07		Signature of Officer		O / 7 / C )  Ditte
Check No.			Vasmi	in Kencer	7
Ву:			Print or Type Name of C	Officer T.	_
FOR SECRETARY OF	STATE USE ONLY		Title of Officer	<u> Caa</u>	