

and Provi	hode Island dence Plantation	ıs		A. Ralpb M	<b>follis,</b> Secretary of State Corporations Division 148 W. River Street	
HOPE	Secretary of State				rovidence, RI 02904-2615	
			EPORT FOR THE '		401.222.3040 sk ink	
			annual report within the time pres			
1. Corporate ID No. 164595	2. Name of Corporation Stevens-1	aroche.	Pratte Post	122 Veterai	15 Of Foeig	
3. State of <u>Incorp</u> oration  T	308 Mg	pode Island - Street Address LOCOM AV	IP .	Whyrom	Ö2885	
5. Foreign corporation. Enter princ			City	State 100 1 1000 100	Zìp	
6. Brief Description of the character of Support the	if the affairs which are acti SLNUN OWO	ually conducted in Rbode Isla LWOMEN of	the armed force	es both activ	eand and	
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTACH	M <i>ENT)</i> 🗌 FILL IN SPÄCES BI	EFORE USING ATTACH		
Dawes Robbins			Robert Lawrence			
2368 East N	lain Rd A	4	Street Address Paul	Ct		
Portsmouth	State RI	<sup>zip</sup> 02871	Warren	State RI	02885	
Brice Blais			"Collegander	- galine	2	
Sig Addi Greenvill	e ave		Street Polytons BOX !	580	ORANGE ORANGE	
Sohnston 8. NAMES AND ADDRESSES	State RI OF THE DIRECTOR	Z40   029   9  S: ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES B	State	OZ 88.55	
THE NUMBER OF DIRECTO	RS OF A DOMESTIC	(RHODE ISLAND) C		E LESS THAN THREE	(3). <b>44</b> G.L. 7625	
Robert J	. Hame	<u> </u>	Kobert	<u>Lawrence</u>	<b>9</b> 23	
Street Address Chevry	y St		Street Address Paul	.Ct	හි <u>'</u>	
Warren -	State QI	<sup>z40</sup> 02885	Warven	State RI	<sup>Zip</sup> 2885	
FRANK J	Sylvia		Bruce Blo	us Sr		
Street Addres Pennsy	Ivama_	ave_	Street Address arno	ld St	<b>2009</b>	
Warren	State RHODE ISLAND	02885	Riverside	State RI	05915	
This information is currently of	$\sim Sa\lambda$	of the Secretary of State	Changes require filing of Form	WOUVEN K 1641 - R.I.G.L. 7-6-13/7-	5-78 02885	
This report must	be signed by either th	ne President, Vice Presi	ident, Secretary, Assistant Secretary	retary, Treasurer, Receive		
					ATE	
				Λ		
-	_		Helm manaku of marku	as I dealer and assistant the	I have examined this	

FILED	Under penalty of perjury, I declare and affirm that I report, including any accompanying schedules and sta	
File Date	shatements contained herein for true fine different.  Signature of Officer  Printer Type Name of Officer	7.1.09 Date
FOR SECRETARY OF STATE USE ONLY	VIO SHO THE STORY OF OFFICER	Form 631 Rev. 09/17