

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 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.

penalty fee of \$25.00.				
1. Corporate ID No.	2. Name of Corporation UNITED VETE	FRANCS Gracil	I wond	- Ker
3. State of Incorporation	4. Corporate address in Rhode Island - Street Add	ress AVE	Moore Sezal	Zip R
5. Foreign corporation. Enter prin	acipal office address	City	State	0289
6. Brief Description of the character	of the affairs which are actually conducted in Rhod	e Island	140 mis VE	REPLYONS .
7. NAMES AND ADDRESSES	of the affairs which are actually conducted in Rhose BUSINGESS AFT S OF THE OFFICERS: ("X" BOX FOR ATT	CHMENT) FILL IN SPACES	BEFORE USING ATTACH	MENTS AT 18 AT 100
President Name ERN		Vice President Name	2D Schat	III EI II I
Street Address 151	CATO ST	Street Address	HST St	
Grove Socket	State RT 21p 0789	- Cuy Permanana	State RI	0>864
Secretary Name Roces	REPETIT	Treasurer Namp	E PET,	5
Street Address 50 AYL	sworth AUS	Street Address 50 AG	11Sworth	AUG
8. NAMES AND ADDRESSES	S OF THE DIRECTORS: ("X" BOX FOR A	City LUCOMSOCICE TACHMENT) FILL IN SPACES	State BEFORE USING ATTACK	CIP COST 95
THE NUMBER OF DIRECTO	ORS OF A DOMESTIC (RHODE ISLAN	O) CORPORATION SHALL NOT		(3). R.I.G.L. 7-6-23
Director Name	FRAPPIEU	Director Name RICSA	ors Scha	TZ_
Street Address 151	CATO St	Street Address	FAST ST	
Woon so ches	State RT Zip >>895	Cer Gara	State RE	210 286 F
Director Name Rock	NE PETIT	Director Name		. 25
Street Address 50 A	945 worth AUG	Street Address		. 93.6
WOON & GUST	State BJ 240 07895	l City	State	Z4-
9. REGISTERED AGENT IN	RHODE ISLAND 50 AVE	Sworth ME. Les	sono soulla	FRIOS
This information is currently of	of record in the Office of the Secretary of	State. Changes require filing of For	rm 641 - R.I.G.L. 7-6-13/7-	6-7.
This report must	t be signed by either the President, Vice	President, Secretary, Assistant Se	ecretary, Treasurer, Receiv	er or Trustee

Under penalty of perpury, I declare and affin	
report, including any accompanying schedule	and statements, and that all
statements contained herein are true and cor	(cg/ 0/>
foret of	etit of a
Signature of Officer	Date Date
ROBER & V	きかい
Print or Type Name of Officer	<i></i>
Treasure	
Tule of Officer	
	Form 631 Rev. 09/17