

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

## Royidence, RI 02904-2615 401.222.3040

Form 631 Rev. 09/17

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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 complex fee of \$25.00

| 1. Corporate ID No. 2. Name of Corporation   |   | 1 6   | ,   |
|--|---|---|---|
| DOOD57475 Frx KOINT BOUSE  | + GIRLS / WB  | ALDINI KSSOC  | INTION  |
| 3 Jule of Incorporation 4. Corporate address in Rhode Island - Street  | Address   | Cirv  | Zip   |
| RHOVE ISLAND 90 WES STREET   |   | TROVIDENCE  | 5 D2908   |
| 5. Foreign corporation. Enter principal office address   | City  | State   | Zip   |
|  |   | ]   | 1   |
| 6. Brief Description of the character of the affairs which are actually conducted in k   | thode Island  |   |   |
|  |   |   |   |
|  |   |   |   |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR A   | I <i>ttachment)</i> 🔲 fill in S   | PACES BEFORE USING AT   | TACHMENTS   |
| President Name   | Vice Presifient Name  |   |   |
| NOBOX DLTTO  | -AUTHOR   | Y ANDRADE   |   |
| Sireel Address   | Street Address  | 1   |   |
| 20 BIRON AVENUE  |   |   | Fau.  |
| City State Zip   | City  | State DT  | D2916   |
| TOUTORD FT 0291  | 6 KUMFORD   | - F-L   | UZILE   |
| Secretary[Name   | Treasyrer Name  | 7 10 17 16  |   |
| PELANE LOCKES  | EMUHIO  | - LALKOWS   |   |
| Street Address TEDER STREET  | Street Address 40   | 1 ALOVE   |   |
| City State 7th   | (G)   | State   | Zip D2916   |
| TROVIDENCE L+ 02903  | Kouterd   | <del>     </del>  | 02116   |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR  | R ATTACHMENT) FILL IN   | SPACES BEFORE USING AT  | TACHMENTS   |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISL   | AND) CORPORATION SHA  | LL NOT BE LESS THAN TH  | IREE (3). R.I.G.L. 7-6-23   |
| Director Name  | Director Name   |   |   |
| LETTH OLIVEIRA   | 1 Lict  | HAD LOHLER  |   |
| Street Address   | Street Address  |   | i   |
| 63 FRANDLE STREET  | 27  | WOOD HOLLOW   | LOTRIE  |
| City State Q = Zip   | City  | State 2-  | Zip   |
| HOVIDEAKE RT 02908   | Kimfali   | KL  | 02916   |
| Director Name  | Director Name   |   |   |
| CHARLES SMON   |   |   |   |
| Street Address   | Street Address  |   |   |
| 12 PAVERSE STREET  |   |   |   |
|  |   | Ett .   | i e   |
| City State / - Zip   | City  | State   | Zip   |
| City PROVIDENCE State LI ZID 0290  | 6 City  | State   | Zip   |
| 9. REGISTERED AGENT IN RHODE ISLAND  | 6 City  | State   | Zip   |
| 9. REGISTERED AGENT IN RHODE ISLAND  | 06  |   |   |
| 9. REGISTERED AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary   | of State. Changes require fili  | <br>ng of Form 641 - R.1.G.L. 7-€   | 5-13/7-6-78   |
| 9. REGISTERED AGENT IN RHODE ISLAND  | of State. Changes require fili  | <br>ng of Form 641 - R.1.G.L. 7-€   | 5-13/7-6-78   |
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| 9. REGISTERED AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary This report must be signed by either the President, V.  | of State. Changes require filitiee President, Secretary, Ass  Under penal report, inclu         | ng of Form 641 - R.I.G.L. 7-6 istant Secretary, Treasurer, I  | irm that I have examined this les and statements, and that all        |
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AIG SNO

Print or Type Name of Officer

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