

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

148 W. River Street Providence, RI 02904-2615 401.222.3040

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

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its penalty fee of \$25.00.	s annual report within the time pre	scribed by law (R.I.G.L. 7-1	6-91) is subject to a
1. Corporate ID No. 2. Name of Corporation		<u> </u>	_
DOMD57475 for HOW TOUS & E	TIRLS (WB ALDI	UNI ASSOCIA	
3 State of Incorporation 4. Corporate address in Rhode Island - Street Address		City	Zip
KHODE SLAND 90 VES STREET		KOVIDERES	02908
5. Foreign corporation. Enter principal office address	City	State	Zip
	<u></u>		<u> </u>
6. Brief Description of the character of the affairs which are actually conducted in Rhode Isl	land		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACE	IMENT) FILL IN SPACES B	EFORE USING ATTACE	IMENTS
President Name	Vice Presiftent Name	1	•
ROBERT KLITTO	ANTIBNY A	NDRADE	
Street Address	Street Address		
20 Kyron AVENUE			T
City State Zip	City	State P	D2916
TOUTORD K = 02916	KUMFORD	J 1-1-	102116
Secretary Name	Treasurer Name FAULHIVI I	ALENOS	
PELANE LOUBLES	Street Address	1	
131 Harder Stleet	40 LON 7	VENUE	_
KOUI DENSE State PT 211 02903	TOUTORD	State	Zip D2916
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND)	CORPORATION SHALL NOT	BE LESS THAN THREE	E (3). R.I.G.L. 7-6-23
Director Name	Director Name	ν .	
REITH CLIVEIRY	LICHARD	& OHCER	<u> </u>
Street Address 63 REANOLE STREET	Street Address 27 Wor	D HOLLOW L	, ux E
City State O = Zip	City	State 7 -	Zip 300 Cm./
HOVIDENCE K+ 02908	KUMFOLD	KL	02916
Director Name HALLES SUDN	Director Name		
Street Address	Street Address		
12 (RAVERSE STREET			
City PROVIDENCE STATE LT ZIP 02906	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND		: *	•
This information is currently of record in the Office of the Secretary of Sta	ta Changes require filing of For	m 641 . R 1 G 1 7 6 134	7_6_78
This report must be signed by either the President, Vice Pre-	esident, Secretary, Assistant Se	cretary, Treasurer, Rece	iver 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	statoments contained herein are true and correct.	8/14/09	
AUG 1 4 2009	Signature of Officer Detto	` Date	
By:	AID SHOWN 10 d NO 31 To Least Officer 31V1S 40 A8V1 3N 31 To Least Officer		
FOR SECRETARY OF STATE USE ONLY	G Q3V13039 And Cof Officer	Form 631 Rev. 09/17	