

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.	its annual report within the time p	rescribed by law (R.I.G.L. 7-6	-91) is subject to a
1. Corporate II) No. 3 1 0 7 4 2. Name of Corporation Rhode Island 3. State of theoretical in the Corporation of Corporate address in the Corporation of	Society Soms	of the Rev	101 Hien
R PO BOX 283	es2	We writ	^{Zip} 02840
5. Foreign corporation. Enter principal office address Not a Foreign Corp	Newport	State RI	02840
6. Brief Description of the character of the affairs which are actually conducted in Rhode	Island	0	1.
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC		Organiza	
President Name Erank Hale II	Vice President Name NON 8	BEFORE USING ATTACH	MENTS
Street Address 438 Nolcott Avenue	Street Address		
Middletown State RI Zip 02842	City	State	Zip
F. Bruce Westgate	Treasurer Name Mi Chael	Dring	7
187 Vernon Avenue	Street Address ASPEA	Lane	
Middletown State RI 2402842	Merrimack	State N H	03054
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA THE NUMBER OF DIRECTORS OF A DOMESTIC ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES I	BEFORE USING ATTACHM	<i>.</i>
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) Director Name	Director Name	BE LESS THAN THREE (3). R.I.G.L. 7-6-23
Bruce Mac Gunnigle Historia	Street Address	W Magee	
17 Marion Street	11 Oakw	oud Terrace	,
Ebreenwich RI 102818	Newport		02840
Bectram LippencottII	Director Name Condr h	ralter White	
10 Wolcott Avenue	Street Address	Im Street	1
Jamestown State RF 2102835 REGISTERED AGENT IN RHODE ISLAND	New port	Tean.	02840
This information is currently of record in the Office of the Secretary of Stat	e. Changes require filing of Form	1641 - R.I.G.L. 7-6-13/7-6-	78
This report must be signed by either the President, Vice President	sident, Secretary, Assistant Secr	etary, Treasurer, Receiver	Trustee
			AUG.
			6
			至三五
	Under penalty of perjury	y, I declare and affirm that I	ha available
FILED	report, including any acc statements contained her	ompanying schedules and sta	terrents, and that all
Theck No. AUG 2 4 2009	Signature of Officer	[Oring	7/29/0
	Michiel	P Drin	Ddke 🗍
By 1/4/83/65	Print or Type Name of Offi	*]
FOR SECRETARY OF STATE USE ONLY	Title of Officer	er	