

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 Providence 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 the state of the sta 401.222.3040

| penalty fee of \$25.00.  |                              | imming or rejusing to fite th                | is annuai report wi | thin the time presc           | ribed by law (R.I.G.L | 7-6-91) is subject to a               |  |
|--|------------------------------|--|---------------------|-------------------------------|-----------------------|---------------------------------------|--|
| 1. Corporate ID No.  | 2. Name of Corporation       | Tape   | DEP                 | (1410                         | MI                    | · · · · · · · · · · · · · · · · · · · |  |
| 3. State of Incorporation  | 4. Corporate address in I    | Rhode Island - Street Address                | F DL                | 4141                          | 69/ h                 |                                       |  |
| RHODE ISLAND   | 292 F                        | CADENTY                                      | AVET                | WE                            | PRBWDFA               | 10 2908                               |  |
| 5. Foreign corporation. Enter prin   | cipal office address         | 7  | City                |                               | State                 | <u> </u>                              |  |
| 6. Brief Description of the character  | of the affairs which are act | ually conducted in Rhode Is                  | land                |                               |                       |                                       |  |
| HEALIN   | 'a MINI                      | DSTY / WA                                    | VITMG               | MINIS                         | TRY/EU                | ANGELIRA                              |  |
| 7. NAMES AND ADDRESSES   | OF THE OFFICERS              | ("X" BOX FOR ATTACH                          | MENT) [] FILL       | IN SPACES BE                  | FORE TISING ATTA      | CHMENTE                               |  |
| President Name  POSTE (A)  | () JOSEPI                    | 40.AJAO                                      | Vice President Nat  | ne<br>HETECC                  | ANGER                 | A E-ATOR                              |  |
| 316 SAVLE  | MACER                        | 4/ 8-15/16                                   | Street Address      | SAVIT                         | Ce CID                | FFT                                   |  |
| PRAY/DENCE   | DT                           | Zip A TOAK                                   | BOMUS               | ا سرور و                      | itate                 | Zip                                   |  |
| Secretary Name   | AL                           | 02705  | Treasurer Name      | TYCE                          | _KI                   | 02905                                 |  |
| Street Address   | MI OLA                       | HOIPO  | ELDET               | R, SAN                        | SON O.                | KUNLOZA                               |  |
| #70, KESE  | RNOIRT                       | WENLE  | Street Address #294 | L SINH                        | 7N ST                 | RFET                                  |  |
| PANTHCKET<br>8. NAMES AND ADDRESSES  | OF THE DIRECTOR              | 21p<br><b>02860</b><br>8: ("x" b0x for attac | PROUD               | ENCE                          | tale RI               | 02905                                 |  |
| THE NUMBER OF DIRECTO Director Name  | RS OF A DOMESTIC             | (RHODE ISLAND)                               | CORPORATION :       | IN SPACES BEI<br>SHALL NOT RE | ORE USING ATTA        | CHMENTS                               |  |
| DEHODNESS  | LYABO E                      | LADIPO                                       | Director Name       | R MA                          | TRIV DE               | EE (3). R.I.G.L. 7-6-23               |  |
| Street Address RFSEK   | WOR A                        | VENIE  | Street Address      | 1 FO                          |                       | 2000                                  |  |
| PALTUGUE =   | State                        | Zip _ C _ A                                  | City                | O, FRO                        | DMIS                  | KSZI                                  |  |
| Director Name  | K1                           | 029860                                       | WOONG               | JCKET                         | RI.                   | 82895                                 |  |
| SISTER, SH   | NBO CC                       | HNLEYE                                       | Director Name       | R.BO                          | CE OK                 | 16/11/11/1                            |  |
| #3 MAVIN   | 1 STRZ                       | 57   | Street Addy         | 1 S/x                         | HANC                  | DEE                                   |  |
| PROVIDENCE 9. REGISTERED AGENT IN R  | Flate RT A                   | 02909.                                       | PROVID              | BHCE                          | iale RI               | 02905                                 |  |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78 |                              |  |                     |                               |                       |                                       |  |
| This report must b   | e signed by either the       | President Vice Proci-                        | dant Coasses :      |                               |                       | 7-0-78                                |  |
| -  | 5 - y +7or the               | President, Vice Presid                       | Jeili, Secretary, A | Assistant Secreta             | гу, Treasurer, Rece   | iver or Trustee                       |  |

| File Date | FILED                     |
|-----------|---------------------------|
| Check No. | AUG 2 4 2009              |
| By:       | By COLD                   |
| FOR SE    | CRETARY OF STATE USE ONLY |

| Officer penalty of perjury, I declare and affirm that I have examined this |
|--|
| report, including any accompanying schedules and statements, and they all  |
| statements contained herein are true and correct.                          |
| 000Ahmar () 87/12/09   |
| Signature of Officer Dale  |
| THOSTLE (AR VOSEPH). ATTAI   |
| Print or Type Name of Officer  |
| CENERAL CHERCETE   |
| Title of Officer   |
|  |

Form 631 Rev. 09/17