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FOR SECRETARY OF STATE USE ONLY

By

Check No.

R 2009

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

**Providence, RI 02904-2615

401.222.3040

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 report. It is a provided to the content of the content penulty fee of \$25.00.

1 Corporate ID No.	2. Name of Corporation	$\overline{}$			
102320	JCITUA	TE BOUSTON	(MB	<u></u>	
3. State of Incorporation	4. Corporate address in Rboo	de Island - Street Address Owie Ro		No SciTume	02837
5. Foreign corporation. Enter p			City	State	Zip
6. Brief Description of the charact	er of the affairs which are action	lly conducted in Rhode Isla	and TD Occur		
_x (, k / / /)			t of all boys a gi	THE INVOLUE	MENT OF
	cams in Scitus	Ato High Scho	MENT) [FILL IN SPACES	REFORE USING ATTAC	MENTS
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHE President Name			Vice President Name		
Street Address - O O			Street Address		
94 Trimtour Kd.			94 Trimtoun Rd		
N. Setuate	State Z	03-857	1. Setuate	State	02557
Secretary Name Darlene Grant			Treasurer Name Patricia Mandeville		
Street Address 94 Tanton DD			Street Address 94 Trintown RD		
City	State Z.	ip	City N. C. ,	State Of	Ztp
8. NAMES AND ADDRESS	ES OF THE DIRECTORS:	02857 ("X" BOX FOR ATTAC	/1. Játute.	K. BEFORE USING ATTAC	02857
THE NUMBER OF DIREC	TORS OF A DOMESTIC ((RHODE ISLAND) (CORPORATION SHALL NOT		
Director Name	ing Hoof of		Director Name	~ ? <i>(</i> .	
Street Address	ine nestora		Street Address	EN Dwan	
94 / City	rintern Kel		94 TA	in town Rd.	
N. Scituate	_ State L Zi	02857	N. Seitcate	State KL	02857
Director Name D (40	lene Grant	-	Director Name		
Street Address,	V		Street Address		,
City AL C. C. L.	State []	02857	Сіту	State	Zip
9. REGISTERED AGENT II	M	0543/	I		Jas engl
		the Sacratom of State	e. Changes require filing of For	m 631 DICL 7 4 12/2	· · · · · · · · · · · · · · · · · · ·
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rus report mu	st be signed by either the	President, vice Pres	ident, Secretary, Assistant Se-	cretary, Treasurer, Recei	ver or Trustee
					AM 11: 39
			Under penalty of period	ary, I declare and affirm th	at I have examined this
	II		report, including any a	ccompanying schedules and correct.	d statements, and that all
File Date	ILED		(a) Opens	$\sim \sim 1$	9/17/09
1	. 1				

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Form 631 Rev. 09/17

Print or Type Name of Officer

Title of Officer