

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 200 & 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 is penalty fee of \$25.00.	ts annual report within the time	prescribed by law (R.I.G.L.	7-6-91) is	subject to a
1. Corporate 1D.No. 145315 2. Name of Corporation SPACES FOR P.	EACE			
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address 204 PLEASAN	s	PROVIDEN	VCE <sup>Zip</sup>	R10290
Foreign corporation. Enter principal office address	City	State	Zip	
Brief Description of the character of the affairs which are actually conducted in Rhode I.  Providing pale and non-violet educational public spaces in Pale 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC	sland Conflict residence rus and other runent) [ Fill in space	s before using atta	マット いとい、 CHMENT	rs
KARINA H. WOOD	ANNE	FD40401	CU	+~60V
299 DOTLE AVE.	Street Address & PRIN	SCETON A	VE	<u>.                                      </u>
PROVIDENCE State R1 Zip 02956	PRIVIDENC			
Secretary Name RESECCA LUCTAK	Treasurer Name RICHART	KELLER		
Sircel Address BOYLSTON ME.	Street Address	PIT HILL F	Z.D.	# 217A
PRINIDENCE State RI 202906	AVIHERST	State	<b>P</b> O	1002
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND)	CORPORATION SHALL N	OT BE LESS THAN THE	<u>EEE (3)</u> .	R.I.G.L. 7-6-23
ANNE ROCHELEAU	Director Name  VARINA			
Street Address 144 MESA VERDE ST.	Street Address 299 DOY	ILE NE.	=	
SANTA FE NM Zip 07501	PROVIDENCE	State	<b>1</b> 9	2906
Director Name REBECCA LUCKAY	Director Name			
STREET Address SO BOYLSTON AVE.	Street Address		70,	انه <u>این ا</u>
PROMOENTE State R1 02906 9. REGISTERED AGENT IN RHODE ISLAND	City	State	25F	
This information is currently of record in the Office of the Secretary of S	State. Changes require filing of	f Form 641 - R.I.G.L. 7-6-	13/7-6-78	P
This report must be signed by either the President, Vice F	President, Secretary, Assistan	it Secretary, Treasurer, R	eceiver o	Trustes OIV
11:07	report, including	f perjury, I declare and affir any accompanying schedule ined berein are true and con	es and stat	have examined this ements, and that al
File Date FILED  Check No. OCT 0 1 2809	Signature of Office	Myskl.	12K	S 3

Print or Type Name of Officer

PRESIDER