

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

ovidence, RI 02904-2615

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.

401.222.3040

* 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. 1. Corporate ID No. 2. Name of Corporation 00016338 hulch Ushers National 3. State of Incorporation 5. Foreign corporation. Enter principal office address 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

A CHUCK USALL US CHICER AND DOOPHELPY they keep the postor to while the services successful Ann Dut-7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS President Name nel 102909 DDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name Q Director Name Street Address State City Z(p)WARWICK 9. REGISTERED AGENT IN 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 be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

| N. | | | |
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| | C | Under penalty of perjury, I declare and affirm that report, including any accompanying schedules and s | I have examined this tatements, and that all |
| Pil D. | FILED | statements contained herein as true and correct. | |
| File Date | 0 CT 1 9 2009 | Signature of Officer | Date |
| Check No | By 101210 PH 61 130 805 | Print or Type Name of Officer | |
| Ву: | FOR SECRETARY OF STATE USE ONLY 3TATS 40 THAT 3HOUR | President. | <u> </u> |
| | SECRETA SOLUTION OF THE SECRETARY OF THE | Tule of Officer | Form 631 Rev. 09/17 |