

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 201

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.						
1. Corporate ID No.	2. Name of Corporation	() An	(2/12.11)	2/03		
	- IH	Lion Ama	con (1/2241)	/		
3. State of hycorporation	4. Corporate address in)	Rhode Island - Street Address 	5+	WARREN	0250T	
5. Foreign corporation. Enter pri	ncipal office address		Cim	State	Zip	
NV			LA NA	NA	NA	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island NGA ROGE CIUS						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name Scott) A// Santo			Vice President Name Steve Checht			
Street Address 7 Driscit 1910			Street Address 344 MANA ST			
BAVI 19ton	State I	2ip C2 JUG	CHY WARREN	State 7	21p 22845	
Secretary Name			Treasurer Name KCNA+h Kinney			
Street Address & Gor 1/63			Street Address 13 liberty			
Brutul	State C+	C 2809	CITY	State P-1	C2815	
8. NAMES AND ADDRESSES 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 Cary Charles			Director Name RoineC	Sampson		
Street Address WATVALIGNSEA AUC			Street Address 20 GAIL ALC			
BAMMEN	State	2ip 2406	City 21-C	State PI	21p (129/)	
Director Name Jun Grany		Director Name MAVI Karski				
Street Address 33 (am 50170			Street Address 162 MANLY ST			
BACKA ton 9. REGISTERED AGENT IN	State	12 SO 6	City WANGEN	State	24 2 2 ff	
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						
The state of the s						

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

0	Under penalty of perjury, I declare and affir report, including any accompanying schedule	rm that I have examined this
File Date	statements contained herein and true and corr	rect.
OCT 2 1 2009	Signature of Officer	Date
	Frini or Type Name of Officer	
FOR SECRETARY OF STATE USE ONLY	TATE OF YAAT 38036 Line of Ollices VIO SHOITAH 2000	
i.	● BECEIAED	Form 631 Rev. 09/17