

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 2009

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

1 27 7 -			
1. Corporate ID No. 2. Name of Corporation Rolt Roel Fisher	omen's Clah	of South	Providence
3. State of Incorporation 4. Corporate address in Rhode Island - Street Addres	zz.		ce 02905
S. Foreign corporation. Enter principal office address	S HV &	State 2	Zip
		RI	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island			
Assist Children, and Families of the Community, in need of help			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS  President Name  Vice President Name			
Francis A. Hardy Jr. hawrence Covington Jr.			5r.
Street Address 194 Baker St	Street Address 57 Henrie	:#s+	
194 Baker St City Prov. State RI 02905	City Prov	State RI	02904
Secretary Name Arthur Burrells	Treasurer Name		
Sircel Address P.O. Box 25566 City State Zip	Street Address		
City PCOV State RI-	Сиу	State	Zip
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			
Arthur Barrells	Director Name Bern	lard Per	r u
Cleant Address	Street Address		
856 Eddy ST  City State Zip	1 39 H	N SONIA	17 d s
Prov State RI 2405	Warwick	Silvie RI	2ip 02889
hAwrence Coving for Tr	Director Name		
	Street Address		
Street Address P. 6. Box 25566  City Prov. State RI 2402705	City	State	<b>28</b> 0 %
9. REGISTERED AGENT IN RHODE ISLAND	ı	1	100   See   100
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-783			
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee			
FILED = 3555			
OCT 28 2009   1. 2 ¥			
By 102430	1		
¥ (10.1			m that I have examined this s and statements, and that all
[ with		herein are true and corre	
File Date [0] 28 2009	Construct of Office		n
Check No.	Signature of Officer	e Coving 6	Date 10/28/6
Rus	Print or Type Name o	f Officer .	
By:	LAWren	ce Coving to	OR Jr.
FOR SECRETARY OF STATE USE ONLY	Title of Officer	10.4	Form 631 Rev. 09/17
	V. Pres	ident	10/m 001 KOV, 09/17