

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

| * In accordance with R.I.G.L. 7-penalty fee of \$25.00. | e 30 • Filing Fee: \$2 -6-94, each corporation j | 20.00* • THIS REPORT failing or refusing to file its | MUST BE TYPED OR PRINT annual report within the time presc | red Legibly in BL ribed by law (R.I.G.L. 7 | ACK INK. (-6-91) is subject to a | |
|---|---|--|--|---|-------------------------------------|--|
| 1. Corporate ID No. | 2. Name of Corporation NEW POR | T FI REMAN | RELIEF ASSO | <u>CIATION</u> | | |
| 3. State of Incorporation | 1 44 - | Rhode Island - Street Address | WEST DQS MARLBOUGH | NEWPORT | 2ip 023840 | |
| 5. Foreign corporation. Enter prin | cipal office address | | City ST. | State | Zip | |
| 7. NAMES AND ADDRESSES | MJURY | tually conducted in Rhode Isla LDEATH SE 5: ("X" BOX FOR ATTACH | nefic to mem | BEO3 & THEK | 1 | |
| DAVID P. LEYS | | RICHARD EASTERBROOKS | | | | |
| | TUCKERM | ALAV. | 12. PRINCETON ST | | | |
| MIDDLETOWN | State R.I | व्यन्न ५२ | NEWPORT | Q.I | ^{Zip} いなゆ | |
| Secretary Name DAVL | ID EGAN PATRICK CARNET | | | | | |
| Street Address 14 HUNTER AV. | | | Street Address COBGESHALL CIR- | | | |
| NEW PORT 8. NAMES AND ADDRESSE | S OF THE DIRECTO | C23 40 C23 40 RS: ("X" BOX FOR ATTAC | CII) MIDDLETONT CHMENT) FILL IN SPACES B | EFORE USING ATTA | CHMENTS | |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) Confidence DAVID P. LEYS | | | ORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name RICHARD EASTERBROKE | | | |
| Street Address 268 TUCKERMAN AV. | | | 12 PRINCETON AV. | | | |
| MIDDLETOWAL | State R.I | 02842. | NEWPORT | R.T. | 02840 | |
| DAVID EGAN | | | PATRICK CARNEY | | | |
| Street Address 14 HUNTER AV. | | Street Address 1 COGGESHALLOR. | | | | |
| NEWPORT | State R. I | ^{Zip} 02840 | MIDDLETON | State R.I | 02847 (| |
| 9. REGISTERED AGENT IN This information is currently | RHODE ISLAND LEYS 3/AN of record with Office | NERISCOP AN | e. Changes require filing of Form | | 3/7-6-78 | |
| This report mus | st be signed by either | the President, Vice Pres | sident, Secretary, Assistant Sec | retary, Treasurer, Rec | eiver or Trustee | |
| | | FILED | | | | |
| | | NOV 0 9 2009 | | | *** | |

| | By 7270 |
|----------------------------------|-----------|
| File DateCheck No | ZG-103370 |
| By:FOR SECRETARY OF STATE USE ON | NLY |

| Under penalty of perjury, I declare and affirm that | I have ex | amine | l thi |
|---|-----------|--------|-------|
| report, including any accompanying schedules and st | atements | and th | at al |
| statements contained herein are true and correct. | | 1 1 | ſ |
| | 11 | 1 = 1 | |

Print or Type Name of Officer

Title of Officer