

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 small for a \$25.500

Corporate 1D No.	2. Name of Corpora					
23018	Polaris Project	Polaris Project			Zip	
State of Incorporation	4. Corporate addres	4. Corporate address in Rhode Island - Street Address		Providence	02903	
Rhode Island		10 Weybosset St.			Zip	
Foreign corporation. En	reign corporation. Enter principal office address		City	DC	20013	
O Boy 77892			Washington			
Dail Description of the chi	aracter of the affairs which a	are actually conducted in Rhode	Island	NO		
URTHERING GENE	RAL PUBLIC AWARE	ENESS OF INTERNATIO	NAL HUMAN TRAFFICKI	NG		
		orne. /"Y" BOY FOR ATTAI	CHMENT) THILL IN SPACE	CES BEFORE USING ATTA	CHMENTS	
	RESSES OF THE OFFIC	CERS: (A BOA FOR ATTA	Vice President Name			
President Name			Bradley Myles			
Mark Lagon			Street Address			
treet Address			PO Box 77892			
PO Box 77892	State	Zip	City	State	Zip	
iity Machinaton	DC	20013	Washington	DC	20013	
Vashington	100	20010	Treasurer Name			
Secretary Name	none	•	<u> </u>	none		
	NOITO	<u></u>	Street Address			
Street Address			work			
1 AAA			WOR		T _a .	
None	State	Zip	City	State	Zip	
City		i none	None	State	none	
City NONE	None	NOVE	City NOVA	State ACES BEFORE USING AT	L NOW CACHMENTS	
City NONE	None	NOVE	CRY TACHMENT) FILL IN SPA O) CORPORATION SHALL	State ACES BEFORE USING AT	L NOW CACHMENTS	
None 8. Names and add The number of d	None	NOVE	None	State ACES BEFORE USING AT	L NOW CACHMENTS	
City NOME 8. NAMES AND ADD THE NUMBER OF DE Director Name	None	NOVE	CRY TACHMENT) FILL IN SPA O) CORPORATION SHALL	State ACES BEFORE USING AT	L NOW CACHMENTS	
None 8. NAMES AND ADD THE NUMBER OF DE Director Name Katherine Chon	None	NOVE	City TACHMENT) FILL IN SPA O) CORPORATION SHALL Director Name	State ACES BEFORE USING AT	L NOW CACHMENTS	
NONE 8. NAMES AND ADD THE NUMBER OF DE Director Name Katherine Chon Street Address	None	NOVE	City TACHMENT) FILL IN SPA O) CORPORATION SHALL Director Name Derek Ellerman	ACES BEFORE USING AT	TACHMENTS REE (3). R.I.G.L.	
NOTE 8. NAMES AND ADD THE NUMBER OF D. Director Name Katherine Chon Street Address PO Box 77892	None	NOVE	City TACHMENT) FILL IN SPA DO CORPORATION SHALL Director Name Derek Ellerman Street Address City	ACES BEFORE USING AT' NOT BE LESS THAN TH	TACHMENTS REE (3). R.I.G.L.	
NOTE 8. NAMES AND ADD THE NUMBER OF D. Director Name Katherine Chon Street Address PO Box 77892 City	RESSES OF THE DIRECTORS OF A DOM	ECTORS: ("X" BOX FOR AT	City TACHMENT) FILL IN SPA Director Name Derek Ellerman Street Address City Washington	ACES BEFORE USING AT	TACHMENTS REE (3). R.I.G.L.	
NOTE 8. NAMES AND ADD THE NUMBER OF DE Director Name Katherine Chon Street Address PO Box 77892 City Washington	RESSES OF THE DIRECTORS OF A DOM	ECTORS: ("X" BOX FOR AT MESTIC (RHODE ISLAND	City TACHMENT) FILL IN SPA Director Name Derek Ellerman Street Address City Washington Director Name	ACES BEFORE USING AT NOT BE LESS THAN TH	TACHMENTS REE (3). R.I.G.L.	
NOTE 8. NAMES AND ADD THE NUMBER OF D. Director Name Katherine Chon Street Address PO Box 77892 City	RESSES OF THE DIRECTORS OF A DOM	ECTORS: ("X" BOX FOR AT MESTIC (RHODE ISLAND	City TACHMENT) FILL IN SPA Director Name Derek Ellerman Street Address City Washington Director Name Carolyn Bartholon	ACES BEFORE USING AT NOT BE LESS THAN TH	TACHMENTS REE (3). R.I.G.L.	
NOME 8. NAMES AND ADD THE NUMBER OF DE Director Name Katherine Chon Street Address PO Box 77892 City Washington Director Name	RESSES OF THE DIRECTORS OF A DOM	ECTORS: ("X" BOX FOR AT MESTIC (RHODE ISLAND	City TACHMENT) FILL IN SPA Director Name Derek Ellerman Street Address City Washington Director Name Carolyn Bartholon Street Address	ACES BEFORE USING AT NOT BE LESS THAN TH	TACHMENTS REE (3). R.I.G.L.	
None 8. NAMES AND ADD THE NUMBER OF DE Director Name Katherine Chon Street Address PO Box 77892 City Washington Director Name Sarah Devine Street Address	RESSES OF THE DIRECTORS OF A DOM	ECTORS: ("X" BOX FOR AT MESTIC (RHODE ISLAND	City TACHMENT) FILL IN SPA Director Name Derek Ellerman Street Address City Washington Director Name Carolyn Bartholon Street Address PO Box 77892	State ACES BEFORE USING AT: NOT BE LESS THAN TH State DC DC	Zip 20013	
None 8. NAMES AND ADD THE NUMBER OF DE Director Name Katherine Chon Street Address PO Box 77892 City Washington Director Name Sarah Devine	RESSES OF THE DIRECTORS OF A DOM	ECTORS: ("X" BOX FOR AT MESTIC (RHODE ISLAND Zip 20013	City TACHMENT) FILL IN SPA Director Name Derek Ellerman Street Address City Washington Director Name Carolyn Bartholom Street Address PO Box 77892 City	State ACES BEFORE USING AT: NOT BE LESS THAN TH State DC DC	Now	
None 8. NAMES AND ADD THE NUMBER OF DE Director Name Katherine Chon Street Address PO Box 77892 City Washington Director Name Sarah Devine Street Address PO Box 77892 City Washington	RESSES OF THE DIRECTORS OF A DOM	ECTORS: ("X" BOX FOR AT MESTIC (RHODE ISLAND Zip 20013	City TACHMENT) FILL IN SPA Director Name Derek Ellerman Street Address City Washington Director Name Carolyn Bartholon Street Address PO Box 77892	State ACES BEFORE USING AT: NOT BE LESS THAN TH State DC DC	Zip 20013	
8. NAMES AND ADD THE NUMBER OF DE Director Name Katherine Chon Street Address PO Box 77892 City Washington Director Name Sarah Devine Street Address PO Box 77892 City Washington Address PO Box 77892 City Washington 9. REGISTERED AG	State DC State DC State DC State DC	Zip 20013	City TACHMENT) FILL IN SPA DO CORPORATION SHALL Director Name Derek Ellerman Street Address City Washington Director Name Carolyn Bartholom Street Address PO Box 77892 City Washington	State ACES BEFORE USING ATA NOT BE LESS THAN TH State DC State DC	Zψ 20013	
8. NAMES AND ADD THE NUMBER OF DE Director Name Katherine Chon Street Address PO Box 77892 City Washington Director Name Sarah Devine Street Address PO Box 77892 City Washington Address PO Box 77892 City Washington 9. REGISTERED AG	State DC State DC State DC State DC	Zip 20013	City TACHMENT) FILL IN SPA Director Name Derek Ellerman Street Address City Washington Director Name Carolyn Bartholom Street Address PO Box 77892 City	State ACES BEFORE USING ATA NOT BE LESS THAN TH State DC State DC	Zψ 20013	

	123018
	FILED
File Date	NOV 2 3 2009
Check No By: _	°ву <u>59</u> 09
Dy	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that report, including any accompanying schedules and	t I have examined this statements, and that all
statements contained horsin are true and correct.	11/18/09
Signature of Officer	Date
Bridley Myles	
Print or Type Name of Officer	
Deputy Director	
Title of Officer	Form 631 Rev. 09/1