

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

Providence, RI 02904-2615

2009 NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 401.222.3040 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.

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1. Corporate ID No.						
Crate of Innovatives 4 Co. 4 11 1 101 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1					Tas.	
RI P.O. Box 8913				Warwick	0 2888	
5. Foreign corporation. Enter prin	cipal office address		City	State	Zip	
6. Unief Description of the character of the affairs which are actually conducted in Rhode Island Monthly meetings, Social events ascholarships to students						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS					MENTS	
President Name			Vice President Name			
Mary Clarke			Barbara Connors			
Street Address			Street Address			
Street Address, 192 Centre St.			City State Zip			
Rast Providence	RT.	24p 0 2916	East Providence		2416	
Secretary Name			Treasurer Name			
Mary Ann Barbaru			Cathy Miller			
Street Address			Street Address			
9 Gray St.			108 Spring Green Rd.			
N. Providence	State RL	<sup>Zip</sup> 0 Z 90 H	108 Spring Gree Cary Warwick	State RI	2ip 0 2888	
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			Director Name			
Francis Leo Maddel			Cathy Miller			
Cempat Address			Street Address			
City Rehoboth State MA DA 769			City State 210			
Rehoboth	State M D	02769	Warwick	RI.	02888	
Director Name FILEEN Caddon			Director Name Barbara Connots			
Street Address			Street Address			
61 Maple cro	est Dr.		65 Barney S	+		
GI Maple CYC CHYPAWTUCKET	1 1/4	<sup>Zip</sup> 0 2861	Cuy East Provider	state RI	D 2916	
9. REGISTERED AGENT IN RHODE ISLAND						
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						

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EU ED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all			
	statements contained herein are true and correct.			
File Date NOV 2 3 2000	(atta Willa) 11/18/19			
1007 100 2000	Signature/of Office Date			
Check NBy 10	Cathy Miller			
By:	Print or Type Name of Officer			
FOR SECRETARY OF STATE USE ONLY	Treasurer			
<u>1                                    </u>	Title of Officer			