

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 401.222.3
Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with fee of \$25.00

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* This report is annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a breathy fee of \$25.00

to a penalty fee of \$25.00.				
1. Corporate ID No. 2. Name of Corporation	2			
29768 Columbian 18	ENLTY CURNERS	MON Of Craws 10	ارما	
3. State of Incorporation 4. Corporate address in Rhode Island -		City	Zip	
12 1647 PARK A.	V/5-	CHANSTON	02920	
5. Foreign corporation. Enter principal office address	City	State	Zib	
, reverse of the same of the s	i en,	3	(*************************************	
6. Brief Description of the character of the affairs which are actually conduct	and in the de televal			
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7 NAMES AND ADDRESSES OF THE OFFICEDS. ("V" BOY FOR ATTACHMENT) [] FILL IN SPACES DEFORE USING ATTACHMENTS				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name DAVID C-GOEWEY	Vice President Name	TAWES DEL FLORE		
	J / IV	NO JOL F	IORE	
Street Address PPLETON ST.	Street Address	eandow R		
	37 21	ANGON A	<i>or</i>	
City ON ABT State Q 2 Zip 2	910 00	State	Zip A A CO / A	
CKN10/10N 12-100	110	BIKA.	Ud 710	
Secretary Name	Treasurer Name	6		
HAN CAKUTIO	. K /<	how Hallam		
Street Address	Street Address			
30 SUNTAGRUR-	18 /4	NECREST KUAS		
City State 1 7 Zip	City	State	Zip	
CLANS. K4 DZ	920 North Seit	rusto ICL	02857	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BO	X FOR ATTACHMENT) [FILL IN	N SPACES BEFORE USING ATTAC	HMENTS	
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	<i>r</i> 0	- ` , , ,	
Frygrad Haulian	15105	soh Callis	Shau)	
Street Address	Street Address		20111012	
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City - State Zip	City	State	2/b	
CLANS. DT DE	1910 WAR.	R. I.	19889	
Disputer America	Director Name	. , , , , , , , , , , , , , , , , , , ,	1 Carol	
Stope Colling 644	, Indean same,	and End		
Street Address	730087	er - Ngrella	nd/	
27 CADMYN ANY	Street Address	1.41. 7	-	
	37//3	con lan		
City State Zip	City III	State OT	210 A 57 a C-C	
CAHUS. M = L OX			100887	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALT	E	of Form 641 - R.I.G.L. 7-6-13 /	7-6-78	
Agent Name	Address			
Address	City	Zip		
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			_	
This report must be signed by either the Presiden	it, Vice President, Secretary, As	sistant Secretary, Treasurer, Recei	ver or Trustee	

FILED	Under penalty of perjury. I declare and affirm that I have examined this report, including any accompanying echedules and statements, and that all
File Date	statements confained herein are true and correct.
Check No. By 653	Signature of Officer Date Char Dhallan Print or Type Name of Officer
By:FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer (1845400
TOK SECRETARI OF STATE USE ONLY	Title of Officer