

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

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. | | | |
|---|---|---------------------------|-----------------|
| 1. Corporate ID No. 2. Name of Corporation | | C. C. ATIM! | |
| 29055 SNUG HARBOR VOLUN | helek files As | 5000000 | Zip |
| 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address | | City South | 02880-001 |
| RHODE ISLAND POBOX 45, | | KINGSTOWA | 0 20 00 13 |
| 5. Foreign corporation. Enter principal office address | City | State | Zip |
| | | | J |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Isla PROTECTION OF WIFE AND PROPERTY | nd | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACH. | MENT) [FILL IN SPACES BE | FORE USING ATTACH | IMENTS |
| President Name | Vice President Name | | |
| HILDING MUNSON | RAYMOND | メもら ぶつへ | |
| Street Address | Street Address | 5- | |
| 123 GOUSEBERRY DD | 40 HMANGIO | <u>>i</u> | la: |
| City SOUTH State DE Zip | MO AMANCIO CID SO WITH 12 INGSTOWN | State R I | 21p 60'2879 |
| City SOUTH State KINGSTOWN State RI 02879 | 12 INGS TOWN | | 3,7 |
| | Treasurer Name PETER C | 2.21 EX | |
| RAY MUND WROBEL | | JACC . | |
| Street Address | Street Address | 91 | |
| 1 (4) LAN 17 (5) | (3) | State | Zip |
| City 90UTH State RI 24 02879 | City SULTH | RI | 02879 |
| · C"Y" BOX FOR ATTAC | CHMENT) FILL IN SPACES B | | HMENTS |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) O | | | 3 |
| | Director Name | | |
| Director Name PETER SCHOFIETD DR | Drien a | EDWAN | |
| | C 4 4 4 4 | | |
| Street Address | Street Address 428 GUDSEBERAY RD City State Zip | | |
| City State 2ip | City | State | Zip |
| SONTH KINGSTOM RI DEST9 | SOUTH KINGSTOW | A RI | 0 2879 |
| Director Name | Director Name | | <u> </u> |
| ROBERT EMONDIT | | | |
| Street Address | Street Address | | |
| | | | |
| City BO-7H State RI Zip 02879 | City | State | Zip |
| KINGSTOWN EX DESTY | | | 1 |
| 9. REGISTERED AGENT IN RHODE ISLAND | | | |
| | a Changes require filing of For | m 641 - R I G I . 7-6-13/ | 7-6-78 |
| This information is currently of record in the Office of the Secretary of Stat | | | |
| This report must be signed by either the President, Vice Pre- | sident, Secretary, Assistant Sec | retary, Treasurer, Rece | iver or Trustee |

| File Date | FILED |
|-----------|---------------------------------|
| Check No | DEC 09 2009 |
| Ву: | By 1584 |
| | FOR SECRETARY OF STATE USE ONLY |

| Under penalty of perjury, I declare and affirm that I have exami | |
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| report, including any accompanying schedules and statements, and | i that al. |
| statements contained herein are true and correct. | . 1 |

AINDING MON SON Print or Type Name of Officer

PRESIDENT

Title of Officer