

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

148 W. River street Providence, RI 02904-2615, 401.222,3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR $\alpha 00$

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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3/145 Cranston Rambow Alumnae					
3 State of Incorporation 4. Corporate address in Rhode Island - Street Address Phode Island 1237 Reservoir	Ave	Cranston	02920		
5. Foreign corporation. Enter principal office address	City	State	Zip		
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Chairy, fraternal					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACH	MENT) 🔲 FILL IN SPACES BE	EFORE USING ATTACH	MENTS		
President Name Kim Harrison	Vice President Name De I	bra She	rpey		
Street Address UL Benedict Road		cushing 1	Zoad		
City Warwick State RI Zip 12888	Warurck	State 12 I	DQ 888		
Secretary Name Joan Hamblin	Treasurer Name AM	y Pepi	n		
Street Address 24 Winthrop Rd	Street Address 37 V	Mary Jan	Rd		
City Namick State RI 21 02888	City Franklin	State MA	Zip Od 038		
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 Markyn Marky	Director Name	inia (muay		
Street Address 57 windsons Rd	Street Address 49	Wildwo	od Rie		
Combuland State RI 2804	CHIVWWYCK	State RT	02889		
Director Name Lucille Scanlan	Dírector Name				
Street Address 109 Bynside St.	Street Address				
cuy Cranster state RI Zip 02910	City	State	Zip		
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					

File Date	FILED	
Check No	JAN 07 2010	
By:	By	
FOR SECRETARY OF STATE USE ONLY		

Under penalty of perjury, I declare and affirm	i that I have examined this
report, including any accompanying schedules	and statements, and that all
statements contained herein are true and correct	et. / /
	1/2/10
Signature of Office Amy Pa	PiN Date
Print or Type Name of Officer	
Treasurer	
Title of Officer	•
	Form 631 Rev. 09/17