

to a penalty fee of \$25.00.

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 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

1, Corporate ID No.  4P4185  Name of Corporation  Olarin Original	Loca H who Marte Hass
3. State of Incorporation 4. Corporate address in fibode Island - Street Addres	Aghata Dagla
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 I	interval to economic
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS	
Prosident Name	Vice President Name
Street Address	Street Address
City Save Rt 02963	City State QT Zip 20163
Secretary Name	Central Fall   RZ   07863
Street Address	Street Address
City State Zip	Gity State Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA	ACHMENT) FILL IN SPACES BEFORE USING ATTACHER NTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND)	CORPORATION SHALL NOT BE LESS THAN THREE 3. R. COST. 7-6-23
Bionwooda Dorotto	Chenney Volatto 350
Street Address Pally St	Street Address 24 2004 St 2004
Central Fall BI 02863	Central Fall State R= 100063
Director same	Director Name 55
Street Address Salmon St Oct 301	Street Address
enomidante state RZ 210 7909	City State Ztp
REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Char	nges require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78
Address	
Autes	City Zip
This report must be signed by either the President, Vice Pre	esident, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee
11:50	Under penalty of perjury, I declare and affirm that I have examined this
Ellen	report, including any accompanying schedules and statements, and that all statements contained herein are true and opposet.
File Date FILED	Signature of Officer Date
Check No. FEB - 5 2010, 363	Bienvenido Devalta orbeli
By (1000)	Print or Type Name of Officer  Oxes De N+E
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 631 Rev. 12/06