

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

A Office of the Corneten of State	148 W. River Street
Office of the Secretary of State	Providence, RI 02904-2615
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2009 401.222.3040
Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGI	BLY 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 lat	v (R.I.G.L. 7-6-91) is subject to a
penalty fee of \$25.00.	•

penalty fee of \$25.00.	o file its annual report within the time prescribed by law (K.I.G.L. /-6-91) is subject to	) a
1. Corporate ID No. 000029816 The Summit As	soe of R.I. For the Handicapped	
3. State of Incorporation 4. Corporate address in Rhode Island - Street	Address City Zip	
R.T. PO BOY 4711		6
5. Foreign corporation. Emer principal office address	City State Zip	
6. Brief Description of the character of the affairs which are actually conducted in	bode Island Pot adrelt	
RECREOTIONAL, SOCIAL, ZOU	eational programs for adult handicapper ittachment) [] fill in spaces before using attachments	ed
	1	
Teznie Zudok	Richard BARRA	
Street Address	Street Address 4 -	
HZ Hines KC	City State C Zap	
Cumberland R1 0286		9
Secretary Name	Treasurer Name Dudy Bouchet	
Street Address	Street Address	
City State Zip	31 Willow Cirele	
	Spansed Ma 1027	77
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FO.		7 6 22
Director Name	AND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L.  Director Name ,	/-0-23
Linda Hughes	Judy Boucher	
35 glen Drive	Street Address Willow Circle	
WARWICK State Q 1 Zip 028	89 SWANSEZ SLUEMO ZIP OFT	77
Director Name DENISL LATOUR WORLS	Director Name	
Street Address	Street Address	<b></b>
State State Lip		200
9. REGISTERED AGENT IN RHODE ISLAND	State Ziff Ziff	33°
This information is currently of record in the Office of the Secretary	of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-7	
	ce President, Secretary, Assistant Secretary, Treasurer, Receiver or Trusteec	السالي
This topol man be signed by either the treatment,		# <b>O</b>
	<b>2</b>	יון
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FILED N	Under penalty of perjury, I declare and affirm that I have exami	ined this
	report, including any accompanying schedules and statements, and statements contained herein and true and corresp.	d that all
File Date FED () 8 2010	Sparle Tudoll - 11.	·10.0
File Date FEB 0 8 2010	Signature of Officer Date	te /
Check No.	Jeanie Ludok	_ ′
BY	Print or Type Name of Officer	
FOR SECRETARY OF STATE USE ONLY	Ureside n+	
	Title of Officer Form 631 Re	ev. 09/17