

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence. RI 02904-2615
00 401.222.3040

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.

Permission of the second			
1. Corporate BNo. 154 2. Name of Corporation ILES,	A few recos is	21 SHE	KINGH
3. State of Incorporation 4. Corporate address in Rhode Island - Street A 661 HaD1P		Poolider	21 T2 702
5. Foreign corporation. Enter principal office address 601 419 DIFOD. A	City Republic	State DI	02007
6. Brief Description of the character of the offairs which are actually conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name 64/ERM C4 COX	S Vice President Name Led	do mai	Tires
Street Address 661 N/9 727 FOOD AU	Street Address 100 A	huel S	AU
Providend Top 20290	9 Paoviden	State NI	2ip 02902
Secretary Name MIDING CA CEDOS	Treasurer Name RIWA	MD n41	el!
Street Address 601 HAITFOURU	Street Address 350	Douty	AU
Providence State De 240	<i>y</i> ,	State T	ZIPO 2908
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 OU, //ERADIO CACORS	Director Name Declipo &	Juan 12	Mistries
Street Address 661 4/4027F000 MV	Street Address 100 H	Mulls	pu)
Previdene State TI Zip 02900	7 Praidue	State 7	07903
Director Name MIR Cas B. Cale D	Director Name		
Street Address 601 HADFORD AU	Street Address		, 1
from dunce State 2100240	City	State	Zi/23
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, Vic	e President, Secretary, Assistant Sec	retary, Treasurer, Recei	ver or Trustee
			3 5 5 5 5 5 5 5 5 5 5

File Date

Check No.

By:

By

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

College

Print or Type Name of Office

College

Colle

Title of Officer

Form 631 Rev. 09/17