

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 SOID

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 subj

penalty fee of \$25.00.		anning or regularing to just in	annua report within the time pre-	10110ea by mw (R.1.O.L. 7-1	5-91) is suoject to u	
1. Corporate ID No.	2. Name of Corporation					
135057	11160					
3. State of Incorporation		hode Island - Street Address		City	Zip	
<u> </u>		RILET ST		WARREN	02885	
5. Foreign corporation. Enter prin	cipal office address		City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island						
COOPERATIVE LAT GALLERY						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
MARY BONDERD			EILEEN COLLINS			
Street Address 30 CUTLER ST # 208			Street Address 26 STATE ST			
WAAREN	State R1	24 D 2 885	WARREN	State Q1	D2885	
Secretary Name UNDA MEGATHLIN			Treasurer Name E/L DEN MAY HEW			
Street Address 42 MARKET ST			Street Address 48 HARRISON ST			
WARREN	State R 1	02885	City BRISTOL	State R1	Zip 02809	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
	ORS OF A DOMESTIC	C (RHODE ISLAND) C	ORPORATION <u>SHALL NOT I</u>	<u>BE LESS THAN THREE</u>	(3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Street Address	NDERD		ETLEEN	COLLINS		
30 CUH	ER ST	#208	Street Address 26 STA	TE ST		
WILLEY	State R (	29865	WARRON	State 21	21p	
Director Name  UNDA	MEGATHLI	N	Director Name	MAYHEU	J	
Street Address U2 MAQUET ST			Street Address 48 HARRISON ST			
City WARLEN  9. REGISTERED AGENT IN	State //	D2885	BRISTUL	State R (	0280	
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						

	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all		
File Date	MAY 1 1 2010	statements contained herein are true and correct.  1001 Molyllou 5/8/10		
Check No	BY 1533	Signature of Officer  Bate     BUFFU MAY HEW  Print or Type Name of Officer		
	CRETARY OF STATE USE ONLY	TREASURER  Title of Officer Form 631 Rev. 09/17		