

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 2010

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.			темперет и под темпер	(161, 6, E.)	o->1) is subject to a		
1. Corporate 12 No. 84	2. Name of Corporation PAYTNE	rs with	Haiti				
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address Rhale Island 35 010 County Pok			Se	Biornington	03806		
5. Foreign corporation. Enter principal office address			City	State	Zψ		
6. Brief Description of the character of The ROMINIS	ton tion of	POSISTING	HA. TIANS (IN	Haiti) spir	itually.		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name John EKlund			Vice President Name Peter Riesler				
Street Address 59 Bundley Rond			Street Address 24 CONWAY Drive				
Pomfret	C+	06259	Barrington	State R. T	08806		
Secretary Name			Robert St. Julien				
Street Address			Street Address 860 N. Lafavette way				
City 8. NAMES AND ADDRESSES	State OF THE DIRECTOR	Zip S: <i>("X" BOX FOR ATTAC</i> .	City TNUCVNESS HMENT) TILL IN SPACES	State Florior BEFORE USING ATTACK	34453 HMENTS		
Director Name Claudy	. \	(RHODE ISLAND) C	ORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name RAChe. P. to				
Street Address 7708 M	Avgates	Stud Ouits	Street Address 98 WANNEN AUR				
Margate	Florion	<u>33063</u>	QUINCY	State MA	02170		
Director Name NANCY TUNDER			Director Name SEAN DUNTEN BENDISO				
239 Blythe Island Dinoe			Street Address, P.O. Box 119				
City Blufflow 9. registered agent in f	State 5 Carolina RHODE ISLAND	29910 l	MOZIGAM	N.H,	C3849		
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	
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^{By:} B√	534	
_ <u> </u>	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm report, including any accompanying schedules a	nd state	ave exai ments, a	mined this and that all
statements contained herein are true and correct		i i	i
	5	19	<u>alo 10</u>
Signature of Officer Perter Rieller		Ē	ate
Print or Type Name of Officer VICE PRESIDENT			
Title of Officer	Fo	rm 631 1	Rev. 09/17