

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

148 W. Kiver Street Providence, RI 02904-2615 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.		
1. Corporate ID No. 2. Name of Corporation WEST End	Community Center	
3. Note of incorporation 4. Corporate address in Rhode island - Street Address KNODE ISLAND 109 BUCK IN STREET	- Provingnce 62907	
5. Foreign corporation. Enter principal office address NA	City State Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island		
7 NAMES AND ADDRESSES OF THE OFFICERS. (AVE BOY FOR ATTACK!)	MULTIN TO BUILD IN CRACUS BEFORE HEING ATTACHMENTS	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHE President Name AROLE BELL	Vice President Name TOSEPH Dennis	
Street Address 98 Banadict STREET	Street Address 218 Early STREET	
CITY Province SIAPRI ZIPO2907	City Providence Stated RI 2402907	
Secretary Name Norrine SIMPSON	Treasurer Name Guanthul DER MUNCHON	
street Address 349 Farmington Ave	Street Address 90 Shirley Blud	
S. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTAC	City Crans of State CI 240 2910	
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 Bernice Alvort	Director Name Florance Mitchell	
Street Address Chosnut Strett APT	Street Address STANDFIELD STREET	
City Province State RI Zip 02903	City Warwick State RI Zip D2889	
Director Name Lindw Ruch	Director Name MICHAEL CLEMENT	
Street Address BOY KIM GROWN AVR	Street Address 18 WESleyan Ave	
9. REGISTERED AGENT IN RHODE ISLAND	City Providence State RI 210 00907	
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

FII FD	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Dolle. JUN 01 2010 Check No. By: FOR SECRETARY OF STATE USE ONLY	statements contained herein are true and correct. GM TBell 5/28/10 Signature of Officer BELL
	Print or Type Name of Officer PUSINANT (BOD) Title of Officer
	Form 631 Rev 09/17