

5. Foreign corporation. Enter principal office address

Blackston

Tara

bria

address in Rhode Island -

Brief Description of the character of the diffairs which are actually conducted in Rhode Island Promoting trienship a Such social recreational education a activitive. as may be for the best interest of its members

11 660

1. Corporate ID No. 27439

3. State of Incorporation

President Name

Street Address

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

02919

02912

and charitable

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR __ 3610

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS

* 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.

Secretary Name	Treasurer Name Same as Sec.
Street Address Paradisehr	Street Address
Johnston TST 202919	City State Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR A	4TTACHMENT) 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	
Monthony Caprio	Edward Bawers
Street Address Dexter St	Street Address 3 Grand Mue
Johnston RT 02919	Contranston Fell 02917
Director Name hinda Paolozzi	Director Name
Street Address Paradise hu	Street Address
State RT 202910	A City State Zip
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, Vice	President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee
FILED	
IIII 1 a 2010	
JUN 1 0 2010	
— By (()	Daday analysis a sign I dada
-A	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
11/11/10	statements contained herein are true and correct.
File Date	June 20-10-10
Check No	Signature of Officer Date
Ву:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer
	Form 631 Rev. 09/17