

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

Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

RI 02904-2615 -401.222,3040

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.

711111/11111/						
1. Corporate ID No.	2. Name of Corporatio	WASES COMMI	TICE FIRE B	use fort	CABU CSTAT	60
3. State of bicortoration	4. Corporate address is	Rhode Island - Street Address	TEE TON U	(3) ACA	CAPTON ESTAT	120
RI	26 BRI	NEES CCMM1 1 Rhode Island - Street Address DGHAM FARM	RD		E. PROV	02916
5. Foreign corporation. Enter p	rincipal office address		City		State •	Zip
6. Brief Description of the charact	er of the affairs which are i	actually conducted in Rhode Is	land		I	
		ESTATE				
7. NAMES AND ADDRESS	ES OF THE OFFICER	RS: ("X" BOX FOR ATTACI	ement) 🗌 fill i	N SPACES BE	FORE USING ATTAC	CHMENTS
President Name EUGENE RUSSO			Vice President Name ANTHONY ROTEST			
Mrcet Address 520 OC	EAN RD		Street Address 99 BE	ACH ,	PLUM RD.	
NALR	State RI	02882	NALR		PLUM RD. Star RI	028F2
Secretary Name SAME			Treasurer Name CAME			
Street Address			Street Address		Manus.	4
Сйу	State	Zip	Сиу		State	Zip
8. NAMES AND ADDRESS	ES OF THE DIRECTO	ORS: ("X" BOX FOR ATTA	-! CHMENT)	IN SPACES BE	I EFORE USING ATTA	I CHMENTS
THE NUMBER OF DIRRE	TORS OF A DOMEST		CORPORATION S	HALL NOT B	E LESS THAN THRI	IE (3). R.I.G.L. 7-6-23
EUGIENE	RUSSO		ANT	HONY	ROTELL	/
		rn Rd	Street Address	SAME	ROTELL, 99 Beach!	lum Rd
Naer.	E 520 Ocea Since RI	02FF2	City Nor).	State PT	02862
Director Namp ETEL	2 ROTE	WI	Director Name			-
Street Address 2/2 BR	106HAN	I FARMAD.	Street Address	*****		
9. REGISTERED AGENT II	N RHODE ISLAND	1 FARMRD. 202916	City		State	Zip
This information is currently	y of record in the Offic	ce of the Secretary of Stat	c. Changes require	filing of Form	641 - R.I.G.L. 7-6-13	/7-6-78
This report mu	st be signed by either	the President, Vice Pres	sident, Secretary, A	Assistant Secre	etary, Treasurer, Rec	eiver or Trustee

	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 FILED	statements contained herein are true and correct. 5-29-20			
Check No. JUN 1 1 2010	Signature of Officer Date ADTHONY ROTELLI			
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Title of Officer			
	Form 631 Rev. 09/17			