

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Providence, RI 02904-2615
401.222.3040
Filing Period: June 1 - June 30 • Filing Fee: \$20.007 • This period: June 1 - June 30 • Filing Fee: June 1 - June 30 • Filing Fee: June 30 • Filing Fee: June 30 • Filing Fee: 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						
514005	4. Corporate address in Rhode Island - Street Address City Zip						
3. State of Incorporation				City	Zip		
R/	To A. CARL	50N 106 EA	5 Killingly RD	Foster	02825		
5. Foreign corporation. Enter principal office address N/A			City O	State	Zip		
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island							
PROUDES AN ANNUAL CULTURAL/AGRICULTURAL EVENT FOR FOSTER.							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name			Vice President Name				
JAMES R CARLSON			JANGT BREYTON				
Street Address 106 EAST KILLINGLY KD			Street Address 5 A ROUND HILL HOAD				
City	State	Zip	City	State	Zip		
10STER	PUI	03825	TOSTER	PR-1	02125		
Secretary Name	1		Treasurer Name	17			
LOARBAKA A	NLQUIST		HOWE L	CARLSON			
Street Address 13 FOSTER CENTER RA			Street Address KICLIAGES RD				
City	State	Zip	City	State	Zip		
resient	K1	02825	1057872	181	02835		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS							
THE NUMBER OF DIRECTO	ORS OF A DOMESTIC	C (RHODE ISLAND) C	ORPORATION SHALL NOT E	BE LESS THAN THREE	(3). R.I.G.L. 7-6-23		
Director Name			Director Name				
(SEORGE NEWNIAN			TAMES MINGSON				
Street Address			Street Address				
63 GAST 1	KILLINGEY	RD	1251 /LANU	0005 KD			
City	State	Zip	City	State	2ip 22.525-		
TOSTER	JE-1	0225	105Kent	RI	02525		
Director Name EARL HOPKINS			Director Name				
Street Address 284 CALVIN FILENCIA RD			Street Address				
City SEPLINE	State	7.10 06377	City	State	Zip		
9. REGISTERED AGENT IN RHODE ISLAND JAME - MUNIC L CARLSON							
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							

	Under penalty of perjury, I declare and affirm that I have examined report including any accompanying schedules and statements, and the statements contained here in the and correct.		
File Date 6-18-2010	Signature of Officer Date	0	
Check No. 334	Print or Type Name of Officer	_	
FOR SECRETARY OF STATE USE ONLY	TREASURBE	_	
	Title of Officer Form 631 Rev. 09/1	7	