

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

penalty jee of \$23.00.						
t. Corporate ID No.	2. Name of Corpora	ttion				
84908	THECKA	S In Rhode Island - Street Ada	Association			
3. State of Incorporation	4. Corporate addres	is in Rhode Island - Street Add	tress	City	Zip	
Rhope Island	201 K10	NDIKE ROAD		Charlestown	02813-2600	
5 Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the character	of the affairs which a	re actually conducted in Rhod	le Island		<u> </u>	
TO ENCOURAGE IN	TREST IN F	nmily history, g	enenlegy, tanditi	ons + customs nel	ating to	
CAE DIRCENDAM	T3 0+ 6/c	IR JOHN CRANS	DALL		J	
	S OF THE OFFIC	ERS: ("X" BOX FOR ATTA	ACHMENT) [FILL IN SPACE	ES BEFORE USING ATTACH	MENTS	
President Name			Vice President Name			
DONNA POHER			LINDA Johns	ton		
Street Address	F . F		Street Address			
73 Thelmy 1	-RENE UR	Zip	City Mans &	ild Arinus #30	<u> </u>	
	4	l *	ŀ	State	Zip	
North Kingstown	1 / 1	02852	Nonton	MA	02766	
Secretary Name			Treasurer Name	_		
LORANINE CO	RR			CASSANDRA CRANDALL		
74 E	70		Street Address			
City .	DRIVE	724	City City	KI ROAD	T	
- 74 Fourtain Com Westuly	RT	Zip	Charlestown	State	Zip	
	•	02891	•	· · · · · · · · · · · · · · · · · · ·	02813	
8. NAMES AND ADDRESSES			TACHMENT) FILL IN SPACE			
Director Name	OKS OF A DOME	STIC (RHODE ISLAND	O) CORPORATION SHALL N	<u>OT BE LESS THAN THREE</u>	(3). R.I.G.L. 7-6-23	
			Director Name			
Street Address			Scott Bill HirsT			
			Street Address			
201 Klondike	KOAD		20 MAPLE	Court		
<u> </u>	State	Zip	1 -		Zip	
Charlestown		02813	Ashaway	RT	02804	
Director Name			Director Name			
Russel Kenyon			Judith Horabold			
Street Address			Street Address			
1724 WOIF I City Sun City Centur	puncl Da	· v 4	City Northborous	ey Street		
City Coty Co to a	State	^{Zip} 33573	City	State	Zip	
O BECIETEED ACENTER	FL	1 333 /3	1 Northboroug	5^ MA	01532	
9. REGISTERED AGENT IN	ANUDE ISLAND				j	
This information is currently of	of record in the O	ffice of the Secretary of S	State. Changes require filing of	Form 641 - R.I.G.L. 7-6-13/7-	-6-78	
This report must	be signed by eitl	her the President. Vice I	President Secretary Assistant	Secretary Treasurer Decei	er or Tructee	

	FILED
File Date	JUN 2 3 2010
Check No. By: BY	457
FOR SF	CRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this
report, including any accompanying schedules and statements, and that al
statements contained herein are true and correct.

CASSONS	06/21/10		
Signature of Officer		Date	
^	5 6		

CASSANDRA !	E CRANDALL
rint or Type Name of Off	

TREASURER	
Title of Officer	