

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615 401.222,3040

Form 631 Rev. 09/17

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 substanting for the secondary f

	e iis annuai report within	the time prescribed by law (R.I.G.	L. 7-6-91) is subject to a
1. Corporate ID No. 2. Name of Corporation	· · · · · · · · · · · · · · · · · · ·		
3. State of Incorporation 4. Corporate address in Rhode Island - Street Addr	ross	<i>D</i>	
DIBNE BURNU II HUNT STRE) 	1"	Zip
5. Foreign corporation. Enter principal office address		CENTBAL FA	15 02863
- Commission	City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode			İ
SOCIAL EVENTS-CHABITY FUN	VOING-51	PUBTS FUNL	no all
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name	CHMENT) FILL IN !	SPACES BEFORE USING ATT	ACHMENTS
MILHAEL G-ITY	Vice President Same	TWEEDLY	
74 MAG-IN STBUELT	Street Address	6639	
PANTULET B1. 028861	CL VIBA	FALK State B. J.	122861
DENIS CONSTANTINISAU	Treasurer Name	VOO A. ANDI	BANL
548 KI-NYON AVE #30	Street Address 72 BUT	1.1-12 UVE	DITI E
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA	Chy CENT BAL	FAUS BI.	02863
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) Director Name	CORPORATION SHA	SPACES BEFORE USING ATTA LLL NOT BE LESS THAN THR	ACHMENTS <u>REE</u> (3). R.I.G.L. 7-6-23
VOSEPH BICHARD	DONAL)	DEBIN	
485 HIGH STBEET	Sircei Address 130 7 H)	OH STBE	ンツ
SENTINAL FAMS BI 02863	CENTBAL	FALLS State B. 1,	120 863
UAMES BOOKBS	Director Name BIOHABD	1 LAVEBO	
54 B WEST HUNT STBEET	Street Address NOTB	I DAME S	· y
ENTABLE FALLS BY 2863 REGISTERED AGENT IN RHODE ISLAND	SUNTBAL FA	State	00863
This information is currently of record in the Office of the Secretary of Stat	te. Changes require filin	g of Form 641 - R.I.G.L. 7-6-13	3/7-6-78
This report must be signed by either the President Vice President			

either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date FILED Check No UN 2 3 2010 By: By /6//5 FOR SECRETARY 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 all statements contained herein are true and correct. Signature of Officer Dale Print or Type Name of Officer TBEASUBLE
	Title of Officer