

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

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

penatty fee of \$25.00.			•	-		
1. Corporate ID No.	2. Name of Corporation	~3	****			
2998/	TOCASSI	FT (EME	TERY			
3. State of Incorporation	4. Corporate address in i	Rhode Island - Street Address		Cuy	Zip	
RI	417 DYE	R AVE		CRANSTON	02920	
5. Foreign corporation. Enter principal office address			Сйу	State	Zip	
			{			
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island						
T NAMES AND ADDRESS OF THE PARTY.						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
EVELYN BEAUMIER			SOYCE KENNEDY			
Street Address			Street Address			
52 THORNTON 57 City State Zip			10 EVERGREEN PRWY			
1	R Z	Zip	City	State	Zip	
PROVIDENCE	I KL	02907	NORTH PROV	$\perp RI$	02904	
Secretary Name			Treasurer Name			
LORENA BROWN			HOWARD LATHAM			
10 LAKELAND AVE			Street Address 75 MINNESOTA AUG			
City	State	Zip	75 MINNES	OTA HUE	· · · · · · · · · · · · · · · · · · ·	
CRANSTON	> 7	02910	WARWICK	State	0 28-88	
	I II L	CATIO		1 17 1		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) 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-Director Name					(3). R.I.G.L. 7-6-23	
			Director Name			
MAY DARLING-			LINDA GREEN			
	D= 43	B120	Street Address 75 5 AM 05 F	7 -		
4 CAROUSE L						
RIVERSIDE	State D	Zip A 3 Ci / C	City PROVIDENCE Director Name	State	Zip	
	1 / 4	02915	TROVIDENCE	RL	02908	
Director Name HARRY COHON			Director Name			
HARRY COHOON Street Address			SHIRLEY DAVIS			
273 GRAN	· 1/1510	Dr	Street Address		•	
City City		₩ /	407 PLAIN	State RT	7	
WARWICK	State RT	Zip 02886	City	State 2 T	02909	
	RHODE ISLAND	i .	I PROVIDENCE	1 1 1	02707	
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 Transvers Bearing on Transvers						

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 Date EVELYN M. BEAUMIER
Print or Type Name of Officer