

5. Foreign corporation. Enter principal office address

2. Name of Corporation

621

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

1. Corporate 1D No.

3810 3. State of Incorporation 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

* 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.

City

6. Brief Description of the character of the affairs which are actually conducted in Rhode Isla Transitioning youth in State	. Care OCYF) i-	s to indep	endout living
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACH			
President Jame HMarda Tummivelli	Vice President Name Holam Tomminelli		
Do 19/1/endale Ave	Street Address Allewale Ave		
Jowston RI 02919	Tohuston	State RI	21000919
Secretary Name Sandra Tiodor	Treasurer Name		
37 Rolling Green lave	Street Address		
W. Warwick PI 02893	Сиу	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTAC THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND)			i
Discording Masses	Director Name		<u>E (3). R.1.G.L. /-0-23</u>
Amarda Tummirelli	Sandra	Tiodor	
37 Allerdale Ave	37 Rolling	aceu	lave
Tokeston State KI 24 Osq19	W. Werwit	State RI	2ip 02893
Haam Tumminelli	Director Name		
Street Address Allerdale Ave	Street Address		
Johnston State RI 2402919	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND This information is intently of record in the Office of the Secretary of State	e. Changes require filing of Fort	n 641 - R.I.G.L., 7-6-13	<i>/</i> 7-6-78
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee			
This report must be signed by office the tresident, wee ries	sident, secretary, Assistant sec	retary, measurer, need	civel of Hustee
20			
			that I have examined this and statements, and that all
		erein are true and correct	_ /
File Date	_///_	els of the	end tot 7-X
Check No. JUL 2 0 2010	Signature of Officer		Date 1-20
Check No.	Hmark	a V. Tun	mirelli Mrs
By:	Print or Type Name of C	fficer	
FOR SECRETARY OF STATE USE ONLY	Title of OVError	<u> </u>	
12208	Title of Officer		Form 631 Rev. 09/17