

2. Name of Corporation

1. Corporate ID No.

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 subject to a penalty fee of \$25.00.

| 161178                             | JEFFLA                        | SON MI                  | NISCUICS ZNY                          | TEPRISE   |                                       |  |
|------------------------------------|-------------------------------|-------------------------|---------------------------------------|---|---------------------------------------|--|
| State of Incorporation             | 4. Corporate address in Rh    | ode Island - Street Add | ress                                  | City  | Zip                                   |  |
| R. I.                              | 45 LING                       | coin AVE                | =                                     | Cranster  | 02920                                 |  |
| Foreign corporation. Enter prin    | ncipal office address         |                         | City                                  | State   | Zip                                   |  |
|                                    |                               |                         | <u></u>                               |   |                                       |  |
| Brief Description of the character | of the affairs which are actu | ally conducted in Rbod  | e Island                              |   |                                       |  |
| Spiritted 1                        | Education,                    | menteri                 | ny, "                                 |   |                                       |  |
| •                                  |                               |                         | <i>(CHMENT)</i>                       | ES BEFORE USING ATTAC   | CHMENTS                               |  |
| resident Name                      |                               |                         | Vice President Name                   | <u> </u>  |                                       |  |
| CARL JEFFERSON                     |                               |                         | TAMIL                                 | TAMICA DEFFERSON  |                                       |  |
| reet Address                       |                               |                         | Street Address                        |   |                                       |  |
| 43 LING<br>Cranscon                | OLN AVC                       |                         | 43 C                                  | State  RI   |                                       |  |
| City:                              | State 1                       | Zip                     | City                                  | State 1   | 02920                                 |  |
| Cranscon                           | 16.6                          | 02920                   |                                       | / - 4   | 2735/36                               |  |
| ecretary Name                      |                               |                         | Treasurer Name                        | and the second  | _                                     |  |
| Bienda Henry                       |                               |                         |                                       | Street Address  |                                       |  |
| VO A O                             | 9011 04                       |                         | 35 F                                  | idelis way  |                                       |  |
| City                               | 9011 66.<br>State<br>MO.      | Zip                     | City                                  | state man   | Zip da 12~                            |  |
| poremsect                          | mo.                           | 02121                   | Brighter                              | - Ma  | 02135                                 |  |
|                                    |                               |                         | <i>ttachment)</i> <b>FILL</b> in SPAC |   |                                       |  |
| THE NUMBER OF DIRECT               | ORS OF A DOMESTIC             | (RHODE ISLANI           | D) CORPORATION SHALL N                | <u>YOT BE LESS THAN THR</u>                                   | <u>EE</u> (3). R.I.G.L. 7-6-2         |  |
| rector Name                        |                               |                         | Director Name                         |   |                                       |  |
| WYLLIC Jamos                       |                               |                         | Derrie                                | Street Address  |                                       |  |
| Street Address                     |                               |                         |                                       |   |                                       |  |
| City State Zip                     |                               |                         | 916,                                  | Cronston RI 02920   |                                       |  |
| City                               | State                         | ZΨ                      | Crush                                 | State   | 21p                                   |  |
| Mattagas Director Name             | Win.                          | 01110                   | Director Name                         | OF IL   | 02/00                                 |  |
| John Francis                       |                               |                         | Director name                         | Director statute  |                                       |  |
| Street Address                     |                               |                         | Street Address                        |   | + + + + + + + + + + + + + + + + + + + |  |
| 47 L                               | nealn AVO                     | ,                       |                                       |   | r-3                                   |  |
| City Ormanda                       | Sigle NI                      | Zip (DG)                | City                                  | State   | 7. p                                  |  |
|                                    | l l                           | 1 02-100                | ′ 1                                   | İ   |                                       |  |
| 9. REGISTERED AGENT IN             | N RHODE ISLAND                |                         |                                       |   | Ξ                                     |  |
| This information is currently      | of record in the Office       | of the Secretary of     | State. Changes require filing o       | of Form 641 - R.I.G.L. 7-6-1                                  | 3/7-8=78                              |  |
| <del></del>                        |                               |                         |                                       |   |                                       |  |
| i nis report mu                    | st be signed by either t      | ne President, vice      | President, Secretary, Assistar        | nt Secretary, Treasurer, Re-                                  | cerves or trustee                     |  |
|                                    |                               |                         |                                       |   | ω                                     |  |
|                                    |                               |                         |                                       |   | 77 (A)                                |  |
|                                    |                               |                         |                                       |   | <b>₽</b> (10)                         |  |
|                                    |                               |                         |                                       |   |                                       |  |
|                                    |                               |                         |                                       |   |                                       |  |
|                                    |                               |                         |                                       | f perjury, I declare and affirm<br>any accompanying schedules |                                       |  |
| Fit                                | <del>ED</del>                 | 7                       |                                       | ined hereist are true and corre                               |                                       |  |
| Eile Dani                          |                               |                         | //,                                   | 1 4111-   | 3/2                                   |  |
| File Date 1111 3                   | 0 2010                        |                         | Signature of Office                   | er / //   | Pate /                                |  |
| Check No.                          | 10/12.                        |                         | D A                                   |   | mad and it                            |  |
| BV /                               | 170/2010                      |                         | <u> </u>                              | RL JEFFE  | r son                                 |  |
| By:                                | 1000                          | <b>₽</b> ()             | Print or Type Nan                     |   |                                       |  |
| FOR SECRETARY OF                   | STATE HSE OM V                |                         |                                       | es, del   |                                       |  |
| FOR ABERGIANT OF                   | STATE OSE ONLI                |                         | Title of Officer                      |   |                                       |  |