

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
2.009
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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 fee of \$25.00.					
1 Corporate ID No.	2. Name of Corporation		nity Radia		
3. State of Incorporation Rhode (2/7nd	4. Corporate address in 532 Ch4	C Commun Rhode Island - Street Addr	POB 41568	Providence	Zip 0Z904
5. Foreign corporation. Enter principal office address			Gif)·	State	Zip
	ased mass	uncdiq	CHMENT) [] FILL IN SPACES	BEFORE USING ATTAC	HMENTS
President Name Wesle	Dymake		Vice President Name Mat	4 Obert	· · · · · · · · · · · · · · · · · · ·
Street Address 532 Charks St. City Providence R.1. Zip 02904			Street Address 95 Mathewson St. #403		
Providence	State 2.1.	Zip 02904	Providence	State Z. (.	02903
Secretary Name	- Mallin		1 Turner and Verman	Obert	
Street Address 36 Praff St.			Street Address 95 Matheuson St. #403		
Providence	State R.1.	OZ906	Providence	State P.1.	²⁴⁰ 02903
	SES OF THE DIRECTO			S BEFORE USING ATTA T BE LESS THAN THRE	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) Director Name Wesle Dymoke			Director Name Wath Obert		
Street Address	Charks St.	•	Street Address 95 Mat	thewson St.	#403
Providence	State Z . 1.	Zip 02904	Providence	State Z. 1.	02903
Director Name FCan	e Mallin		Director Name		23
Street Address	Prat St.		Street Address		SE SE
Providence	State R.1.	Zip 02906	City	State	<u> </u>
9. REGISTERED AGENT 1	IN RHODE ISLAND		: **		
This information is current	ly of record in the Offi	ice of the Secretary of S	State. Changes require filing of F	form 641 - R.I.G.L. 7-6-13	/7-6 -7 8
This report m	ust be signed by eithe	er the President, Vice I	President, Secretary, Assistant S	Secretary, Treasurer, Rec	civer Trustee

	FILED
File Date	SEP 29 2010
Check No	BV MATTER
Ву:	1 1007
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I report, including any accompanying schedules and sta	
statements contained herein are true and correct.	29 Scat 2016
Signature of Officer Wesle Dynote	Date
Print or Type Name of Officer Pres	

Title of Officer

Form 631 Rev. 09/17