

1. Corporate ID No.

00069889

A. Ralpb 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

ondon Arms (

Filing Period: June 15 June 1011 ANNUAL REPURT FUR THE YEAR 5010 401.2

Filing Period: June 15 June 20 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.

	4. Corporate address in Rhode Island - Street Address		City	Zip,	
		enue	Westhano	ich 02893	
5. Foreign corporation. Enter principal office address		City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name		Vice President Name	00000		
Leo Jones II		Jenna O Donac			
Street Address 94 CDWe	sett Avenue, 20	Street Address 94 Cowe Sett Avenue 19			
"W. Warwick	Siane R1 2th 02893	W.Wanvid	State R1	02893	
Secretary Name LYNDSCL	1 Pappavella	Tenna O'	$O(1)_{m+1}$		
Street Address 4 Cowe	seff Avenue, 30	Street Address 94 Cowe	94 Cowesett Avenue, 19		
Cuy W. Warwick	State P1 2402893	"W. Warwich	State P1	02893	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
	ORS OF A DOMESTIC (RHODE ISLAND)	1	<u>BE LESS THAN THREE</u>	(3). R.I.G.L. 7-6-23	
Director Name	of T	Director Name	Onnal	1	
Street Address	S. H. Augus DD	Street Address (CD)	DOAL AWE	1úe 19	
City. 2	Sett Sume, 20	City 1 1 1 1	State _ 1	Zip	
W. Wanwick	121 02893	W. Warwick	d R1	107893_	
Director Name	Pappavella	Jenna O'Donal			
Street Address 94 Cou	resett Luenue, 30	Street Address 94 Cow	esettAven	ue 19	
OHY W. Warmily 9. REGISTERED AGENT IN	RHODE ISLAND	Cuy W. Wannide	State P	02893	
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 the result, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee					
FILEU					
OCT 0 4 2010					
	BY 807				
	101 1 commence and address and	report, including any	ury, I declare and affirm the companying schedules an	hat I have examined this id statements, and that all	
		statements contained l	erein are true and correct.		
File Date		[lena	NOLI		
	İ	Signature of Officer	m(0) (Date	
Check No.		/ Jenna O'Dinal			
By:		Print or Type Name of	Officer		
FOR SECRETARY OF	STATE USE ONLY		ures		
Title of Officer Form 631 Rev. 09/17					