

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 $\frac{\partial O/O}{\partial O}$

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.				
1. Corporate ID No 2. Name of Corporation Painbow almage				
3. State of Incorporation A. Corporate address in Rhode Island - Street Address 1237 Result Voir V	Are	Cranstan	02920	
5. Foreign corporation. Enter principal office address	City	State	Zip	
6. Brief Description of the character of the affairs upich 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 Kim Harrison	Vice President Name Deb	ra Shenpe	<u>y</u>	
Street Address UL Benedict Rd	,	shing Rd	7	
City Warwick State RI Zip 02888	city Warmek	State RI	02 PFF	
Secretary Name Joan Hamblin	Treasurer Name	epin		
Street Address 24 Winthoop Rd	Street Address 37 M	Myare R	-d	
City Warner State RI 2888	City Franklin	State MA	10203V	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS				
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) C	ORPORATION <u>SHALL NOT 1</u>	BE LESS THAN THREE	(3). R.I.G.L. 7-6-23	
Director Name Maryn Marker	Director Name	iia Conu	Day 23	
Street Address 51 Windsong Rd	Street Address 49 W	, Id wood	ARC III	
City Cimberland State RI 2402864	Warwick	State RI	Zip 0 2 8 9.	
Director Name Lucille Scanlar	Director Name	<u></u>		
Street Address 109 BULDSIDE Rd	Street Address		5	
city Cranston State RI Zip 02910	City	State	Zip 🐯	
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, Treasurer, Receiver or Trustee				

THE REAL PROPERTY AND THE PARTY AND THE PART	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date	statements contained hereinare true and correct.
Check No DEC 15 2010	Signature of Mary Ropin Date
By: BY 133155	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Tule of Officer Form 631 Rev. 09/17