

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Divisi 148 W. River Providence, RI 02904-26

lling Period: January 1 - March 1 • Filing Fee: \$50.00* THIS R In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refi w (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.	using to file its annual report with	in thirty (30) days af	ter the time prescrib
Corporate ID No. 2. Name of Corporation			
	Vivle School		•
Street Address Principal Business Office	City	State	Zip
21 Viola ST	COVENTRY	\mathcal{L}	0.2816
Business Phone No. 5. State of Incorporation	on /		
Frief Description of the Character of Business Conducted in Rhode Island		<u>-</u>	
2000 provide Couractor of Districts Contaction in Route Island			
NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR AT	TACHMENT) FILL IN SPACE	ES BEFORE USING	ATTACHMENTS
esident Name	Vice President Name		
oseph T. STALAborN III	MARY C STALABAM		
reet Addivess	Street Address		
State Zin P. T. O. S. State			
State D. T. 1251	City	State	Zip
Cretary Name	Treasurer Name		
MARY C. STALAbox	MARY C STAL	Aba in	
reet Address	Street Address		
	: Sireer Address		
21 Viola 57.	21 Viola 57.		
State Zip	•	State R. T	Z ¹⁰ 1.28/4
COVENTRY STATE R.T. 210 028/6	21 Viola ST.	State R.I.	Zip 28/1
State Zip	OL VIOIA ST. CITY COVENTRY ATTACHMENT) [] FILL IN SPA	i	1
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FILED

File Date

Check No. MAR 0 2 2011

By: -SY ________

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare	e and affirm that I have ex	amined this repor
including any accompanying sche	dules and statements, and	that all statement
contained herein are true and corr	ect.	
contained herein are true and corr	alalain II	3-1-11
Signature /	Date	· -
Juseph T. ST. Print or Pure Name	ALAbair III	
Print or Wine Name		