

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

2() | Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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

* In accordance with R.I.G.L. ; penalty fee of \$25.00.			s annual report within the tim	ne prescribed by law (R.I.G.	L. /-6-91) is subject to a
1. Corporate ID No. 506 817	2. Name of Corporation	Telaind To	a Partu		
3. State of Incorporation	+ 1110000	Rhode Island - Street Address	a varig	City	Zip
RI		geshall Ac	re .	Bristol	02809
5. Foreign corporation. Enter pri	ncipal office address		City	State	Zψ
6. Brief Description of the character	of the affairs which are a	ctually conducted in Rhode Is	land		
A 1 t	-da-nroi	met amatic	0		
Advocating 9	S OF THE OFFICER	S. CENT ROY FOR ATTACE	IMENT) [] EILL IN SDAC	EC DECODE HOMO AT	FACILIMENTO
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACH. President Name			Vice President Name	ES BEFORE USING AT	ACHMENIS
Colleen	Conley				
Street Address	t st.		Street Address	· ·	
City	State	Zip	City	State	Zip
Pawtuc Ket	RI	09860			
Secretary Name	ais		Treasurer Name		
Street Address			Street Address		
114 Taber Hue			54 Coggeshall Ave		
City	State P	Zip	City Q	State	Zip
8. NAMES AND ADDRESSE	S OF THE DIRECTO	D29 D6 RS: ("X" BOX FOR ATTAI	UN STO\ CHMENT) FILL IN SPAC	EE BELOBE HEING AT	02809
Director Name			ORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name		
Colleen Conley			Nan Hayden		
Street Address 25 Scott St.			Street Address		
City	State	Zip	City 54 Wagge	State Plue	Zip
Pawtucket	RI	02860	Bristol	RI	90860
Director Name			Director Name		
Lisa Blais Street Address			Street Address		
114 Taber Ave.			SPECE PLANTESS		<u> </u>
City	State	Zip	Сйу	State	27 0 R
9. REGISTERED AGENT IN	RHODE ISLAND	102906	I		l Ž
					29
This information is currently					
This report must	t be signed by either	the President, Vice Pres	ident, Secretary, Assistant	Secretary, Treasurer, R	eceiver of rustee
					<u>:</u> 24
					9
		FILED			
		APR 2.9 , 2011			
	_	_ / //	Under penalty of r	periury I declare and affir	m that I have examined this
	<u> </u>	3y V V	report, including a	ny accompanying schedule	s and statements, and that all
771 B		1 14774811	statements containe	ed herein are true and corr	ect.
File Date			- / Car	Hayden	<u> 4.27.11</u>
Check No.			Signature of Officer		Date
D			Print or Type Name	Hayden	
Ву:					
FOR SECRETARY OF ST	TATE USE ONLY	-	Tyeas Title of Officer	wer	