

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 2008

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 see of \$25.00.		$\overline{}$		7
1. Corporate ID No. 2.	Name of Corporation THE ASOCTOLIC C	furcit ther	11X DUCE /	KIEMBUT
3. State of Incorporation 4.	Corporate address in Rhode Island - Street Address		AW TUVET	02861
5. Foreign corporation. Enter principa		City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode toland  CHULUT, MAYEN DV N SCLUNG  7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS				
	^	Vice President Name	V.	
President Nama	Hettantouk	Kurme a	DARKO	
Street Address 17 STDAN	v 87	Street Address	<del>\$7</del>	
	ate R1 21p C2861	DAWINCKETT	State R	02861
Secretury Name	ABONA GYE	Neasurer Namy	us Acte	or Cossent
Street Address	EL LANE	Street Address  1 NNEL	1 LAVE	
FATOTUCKET	use R1 24 028 Be	Cuy	State R 1	2400
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23				
	3 OF A DOMESTIC (RITORS ISSUES)	Director Name		
Director Name	ASI CICHERE	ADU	A-BONGN	Æ
Street Address	ms s= # 305	Street Address	ou has	) <del>E</del>
City FART-FORD	itare = 7 064 QC	Cay Por TICULES	State R 1	25kg
Director Name BAAH	ActionFork	Director Name	ut DAG	2 LZ
Street Address		Street Address		
17 Aust	RAS ST	17 57284	20 55	<b>T</b>
City Cowinder	State R Zip 02861	for ruckets	State C	202861
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				

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date

Check No.

MAY 1 7 2011

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Print or Type Name of Officer

Print or Type Name of Officer

Tule of Officer

Form 631 Rev. 09/17