

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

Providence, RI 02904-2615

Form 631 Rev. 09/17

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20/1

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.

Company ID No	law sa i		·······			
1. Corporate ID No.	2. Name of Corporation	` ' ' '	. 14			
30585		ablic hibra	ny Association			
3. State of Incorporation 4. Corporate address in Rhode Island - Street Addres			ress '	City	Ztp	
Khode Island	Rhode Island 13832 Main Road			Tiverta	02878	
5. Foreign corporation. Enter	principal office address		City	State	Zip	
6. Brief Description of the charac						
Maintenance	2 0) Buildi	inic - Prince	pally Fundrai	Spir - Roal	Solo	
1	•	-				
7. NAMES AND ADDRES	SES OF THE OFFICE	RS: ("X" BOX FOR ATTA	CHMENT) TILL IN SPACE	CES BEFORE USING AT	TACHMENTS	
President Name			Vice President Name	Vice President Name		
Darbara Martin			Lois Kani	Lois Kane		
Street Address			Street Address			
13.13 Neck Road			38 Bonnie	138 Bonniefield Drive		
City	State	Zip	City	State	Ζip	
Tiverton	I RI	02878	Tiverton	101	03878	
Secretary Name			Treasurer Name	11/2-4-	1000	
Tane Eyler						
Street Address		^	Street Address			
190 Stone	urollott v	Road	531 Punkat	prot black	Donal	
City	State	Zip	City	State	Ztp	
Tiverton	76	02878	 	07	1 '	
8. NAMES AND ADDRES	I I V L SES OF THE DIRECTO	I U ON I FO OBS: ("X" BOY FOD 4"	I I IVERTO THE IN SHAPE	CES BEROBE TIONS "	102878	
TUR NIMBER OF DIRE	TOREOF A DOMEST	TIC (DITODE TOTAL)		CES BEFORE USING A		
Director Name	IORS OF A DUMES.	IIC (RHODE ISLAND		<u>NOT BE LESS THAN T</u>	HREE (3). R.I.G.L. 7-6-23	
All			Director Name	Director Name		
Mancy Po	utray		Nova Jer	Nova Jerome		
Street Address	O		Street Address			
124 hma	Pastur W	y - y	100 Villac	ie way		
Čity	State	Zip	City	State	Zip	
Liverton	<u> </u>	02878	Westoo+	IMA		
Director Name			Director Name	Director Name		
Nancy Lux	idar <i>e</i> n		IVay Hu	ahrs		
Street Address	\cup	<u> </u>	Street Address	, ,		
531 Yunka	Leest Neck	Koad	244 Nann	aguaket	Kaad	
City	State	Zip	City	() State	Ztp	
Tiverton	1.8T	02878	Trupican	TOT	02878	
9. REGISTERED AGENT 1	N RHODE ISLAND	,,	110017011	ا الحيا	1000	
Inis information is current	y of record in the Offi	ice of the Secretary of S	tate. Changes require filing of	f Form 641 - R.I.G.L. 7-0	5-13/7-6-78	
This report m	ust he signed by either	r the President Vice D	resident, Secretary, Assistan	t Cornton T	Donain - Tomaria	
report m	and of organic	i iosidoni, vice f	. colount, occidenty, Assistan	it decretary, freasurer, l	Receiver of Trustee	
			** 1			
			Under penalty of	perjury, I declare and aff	irm that I have examined this	
	-n		report, including a	any accompanying schedul ned herein are true and con	les and statements, and that all	
	.U		Seaschiches Colifai	ion netern are true and cor	4//	
File Date		-	X Jarka	ra TO MA	sen 6/1/201	
Check No. MAY 2 6	2011		Signature of Office	r	Date	
Check No.	7 7	-	Rachard	R Hand		
Ву: БҮ	520		Print or Type Name	e of Officer	:	
by: DI		-		ا من المناسبة		
FOR SECRETARY OF	STATE USE ONLY	I	Treside	nt		
			Title of Officer		7.00.000	