

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Providence, RI 02904-2615 401.222.3040

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.

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1. Corporate ID No. 41069	2. Name of Corporation		Face	101500 7		
3. State of Incorporation		bode Island - Street Address	ormick town	Lascricovi In		
Rhode Island		wcatuck	Ave	untch tell	02891	
5. Foreign corporation. Enter prin			City	State	Zip	
				1		
6. Brief Description of the character of the affairs which are actually conducted in Khode Island						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
Karin McCormick			Brian McCormick			
Street Address 3 Pawcatuck Ave			Street Address 18 Judian Spring Rd			
City	State	Zip	City	State	Zip	
watch ttill	State RI	^{Zip} 02891	Rowayton	C+	^{Zip} 06853	
Secretary Name McCormich			Treasurer Name			
Lisa Mannix						
Street Address Forge Rd			Street Address			
Wilton	State C+	²⁴⁹ 06897	City	State	Zip	
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						
Director Name			Director Name			
Karin Mc Cormick			Bran McCormich			
3 Pawcatuck Ave			Brian McCormich Street Address 18 Indian Spring Rd			
City	State	ZiD	Chy	State	LZW	
Watch Hill	RI	02891	Rowayton	Ct	06853	
Director Name Lisa McCormick Mannix			Director Name			
Street Address			Street Address			
city 52 torge	State	Zin		Ta		
Wilton	Ct	^{Zip} 06897	City	State	Zip	
9. REGISTERED AGENT IN RHODE ISLAND						
Karin EMC Cormich						
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
File Date File Date	statements contained herein are true and correct.
Check No. MAY 2 6 2011	Signature of Officer Navin McCormick 5/24/1
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer President Title of Officer