

A. Raiph Mollis, Secretary of State Corporations Division

20 Providence, RI (12904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

penalty fee of \$23.00.		
109630 Cedar Spring Ter	MACE TENANTS HSS:	
3 State of Incorporation 4. Corporate address in Rhock Island - Street Address	(Gity / - 10 Zip n: 29/0	
R.I. 10 Chery 1 Dr	#30 JOHNSTON UNITY	
5. Foreign corporation. Enter principal office address	City Made Lip	
6. Briff Description of the character of the affairs which are actually conducted in Rhode Island		
a. Dig tocampion of the countered of the typical and the terminal		
Z NAMES AND ADDRESSES OF THE OFFICERS, ("Y" FOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHN	· -	
Dolores Dickervitz	ELENA ANZENENO	
Sircel Address herry Dr ADT 303	10 Chery/ Dr. Hot. 203	
Johnston State RI Zip 02919	JOHNSTON SLAVE RIT: 202919	
Secretary Name VERNAR RUSSILLO	FOURT DICKETUITZ	
Sired Address Cheryl Dr. Apt. 603	10 Chery Dr. Apt 303	
State P. I. DA919 8. NAMES AND ADDRESSES OF THE DIRECTORS: CX BOX FOR ATTACK	JOHNS TON STORE R. I. 02919 HMENT) FILL IN SPACES BEFORE USING ATTACHMENTS	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) C		
Director Name Dickervitz	Edward Dickervitz	
Street Address 10 Chery / Dr. ApT 303	Street Address Chery 1 Dr. ApT 303	
Johnston R. F 24 02919	Johnston State R. I 2102919	
Director Name 10 rNA RUSSIIIO	Director Name	
Street Address (hery/ Dr. A.T. 603	Street Address	
JOHNSTON State R. I 2102919 9. REGISTERED AGENT IN RHODE ISLAND	City State Zip	
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		

FILED	Under penalty of perjury, I declare and affirm the report, including any accompanying schedules and statements contained herein are true and correct.
File DateJUN 03 2011	Edward Dicker Signature of Officer
Check No.	FdWArd DICKE Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer

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