

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 301.

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.				, , , , , , , , , , , , , , , , , , ,
1. Corporate 1D No. 2. Name of Br	Corporation Children	's Homo		
3. State of Incorporation 4. Corpora	te address in Rhode Island – Street Address		BRISTOI	^{Zip} D2809
5. Foreign corporation. Enter principal office a		City	State)	Zip
6. Brief Description of the character of the affairs	which are actually conducted in Rhode isl	and	- <u>-</u> -k	
scholarships +fin	nancial for Resi	dents of Brisic	OPE	
7. NAMES AND ADDRESSES OF THE	OFFICERS: ("X" BOX FOR ATTACH	<i>IMENT)</i> [] FILL IN SPACES I	BEFORE USING ATTAC	HMENTS
SUSAN CCHURCH		takkia San Food		
Street Address 29 Garfield AVC		Street Address / 40 PO ST		
PRISTOI STATE	1 02809	BRISTOI	State	0-2809
Gal Carwon	Treasurer Name DUSAN CCHURCH			
Street Address DR		Street Address 29 Garfreld Ave		
City BRISTOI State	I 02809	BRISTO	State	02809
8. NAMES AND ADDRESSES OF THE	DIRECTORS: ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES	BEFORE USING ATTAC	HMENTS
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 Pottl. CI best		Cunthia Pircos		
Street Address		Street Andress	1/1605	
1030 Hope 51		19 Peno	Ave	
Bristol R	I 02809	BRISTOL	State	0280g
Director Name Director Name Director Name				
Street Address 38 //nion ST		Street Address		
PRISTOI State	T 028-09	City	State	Zip
9. REGISTERED AGENT IN RHODE IS	SLAND		1	1
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 perio	ary, I declare and affirm th	at I have examined this
report, including any accompanying schedules and statements, and that all				
File Date				
IIIA 1 C 2011 Signature of Officer Date				
Check No. JUN 1 6 ZUII	DUSAN	JUSANC' (hurch		
By: W		Print or Type Name of C	Officer	· · · · · · · · · · · · · · · · · · ·
FOR SECRETARY OF STATE USE OF	NLY	Title of Officer	en l	