

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

Providence, RI 0290+2615 401.222,3040

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

penany jee oj 325.00.					
99754	2. Name of Corpora.	eds of The	Mosh 455UCK		
Khode Fs/and	1. Corporate address	s in Rhode Island, Street Addi		Providence	02906
S Foreign corporation. Foller pri	vicipal office address		City	State	Zip
o Brig Description of the characte	or of the affairs which ar	re actually conducted in Rhode	eished		<u> </u>
•	,		CHMENT)	BEFORE USING ATTAC	HMENTS
Freshley Name Pl.77			Vice yesiden Name Bruck Campbell		
5004 July 600/4 St			street Address Gent tan St		
Pawtreket	State	0 V860	Prondence	Siene	errol
Kathleen Pourke			Treasyrer Name OVE9 GOVTTH		
Strong Address H St			Street Addraks 6th St.		
providence	Siene	200 A OF	providence	SING	10 MOG
8. NAMES AND ADDRESSI		TORS: ("X" BOX FOR AT		S BEFORE USING ATTAC	
THE NUMBER OF DIRECT	TORS OF A DOME	STIC (RHODE ISLAND) CORPORATION SHALL NO	T BE LESS THAN THREE	E (3). R.I.G.L. 7-6-23
Paul McElvoy			James Kolley		
5. Urban Ave			Street Address 1922 PH ST		
W. Provoence	State L	20404	Progradance	Siene	D1906
Today Hadlog			Susan Kovte		
Street Address			Sirver Address Coriner State		
Unaln	siant	D1865	Providence	Stalp	200906
9. REGISTERED AGENT IN	RHODE ISLAND	•		•	28
··			tate. Changes require filing of F		7-6-78
This report mu	st be signed by eitl	her the President, Vice P	resident, Secretary, Assistant S	Secretary, Treasurer, Rece	
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File Date Check No.	'JUN 21 2011				
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FOR SECRETARY OF STATE USE ONLY					

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Under penalty of perjury, I declare and affirm to	that I have examined this
report, including any accompanying schedules a	
statements contained herein are true and correct.	61.11
My Geney	6/19///
Signature of Officer	Date
Oveg Gentt	
Print or Type Name of Officer	······································
Tregiver	
Thle of Officer	
	Form 631 Rev. 09/17