

penalty fee of \$25.00.

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

148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20

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

1. Corporate 10 No. 2. Name of Corporation Whom he berrous A	opponeds In the America (UCAA)	
3. State of Indorporation 4. Corporate address in Rivote Island - Street Address R. I. 10 M. W. Auch	18to 10 mori sua 02905	
5. Foreign corporation, Enter principal officeladdress	City State Zip	
6. Brief Description of the character of the affirirs upich are actually conducted in Rhode Island Polymonal Corneas, Education, Bunners 'Medical', 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS		
Melais St Francis	Vice President Name Le Sal Walls	
Sired papers Milby Aunile	Street Address Miller Avenue	
City Horn days RI 21/02905	City Rolling State RF 01988	
Secretary Name Saulo	Bendy Monatin	
Street Address 16 Miller Aul.	Street Address Millon Auch	
State I D296 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND)		
Nelle S. Francis	Knystal W. Savie O	
16 Miler Auchue	Sirfer Aldress Willow Ave, Ste	
City PWILL STATE 24 02905	Anidre State RI DIGE	
Director Name Michael Fahnbullel	Director Name	
Street Aparess Miller Ame, Ste	Street Address	
Phridane State RI 1 102905	City Suite Zip	
9. REGISTERED AGENT IN RHODE ISLAND 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 FILED ZZ: Hd OE NOT 118Z	statements contained herein are true and correct. 6-29-201 Signature of Officer Date
Check No. JUN 3 0 2011 By: A. 147760	Print or Type Name of Office
POR SEGRETARY OF STATE USE ONLY	file of Officer Form 631 Rev. 09/17