

Kame of Corporation Jeneral 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 6.1.2 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.

3. State of Incorporation	1. Corpress address in Rhode Island - Str	eet Address	W PRU	1- 02904	
5. Foreign corporation. Enter principal office address		City	State	Zip	
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President Names & Barbora		vice profilent Nam	vice Willens Name Contalez		
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Runford	State RI Zip 029	16 Wew,	Fort State RI	282840	
Nicole Bro	Sm-Miller	Theasuren Name	Emrglez		
Street St Pau	(St	Street Address	Miner ST No	<i>*.</i> /	
N SMH FINE	State R L 29 9	OR ATTACHMENT) FILL	POU State RI	24 C 2904	
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 Shin Bar	bora	Director Notice	10 Comale		
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"Wew Post	State T 1 24 USTY	o Mew	POXT State RI	20840	
TITULE BO	Son Miller	Dingley Name	F Barloza	E	
sing paires fau	l ST	trafit nadarak	ne Gove SI	r	
9. REGISTERED AGENT IN	State RI 210 RHODE ISLAND	6 Rumi	ard state RI	12p 0 2916	
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					
FILL JUL 07 File Date Check R.Y.		feport fin	endity of perjury, I declare and affine and affine and affine and affine and affine and contained flere and are true and contained flere and affine and contained flere and affine and contained flere and affine	iles and statements, and that all	
FOR SECRETARY OF S	FATE USE ONLY	Title of (reasurer	Form 631 Rev. 09/17	