

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 26 029 401.2 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.

permay jee of \$25.00.						
2 Name of Corporation	ange #40	P. of H				
3. State of Incorporation 4. Corporate address in RI 3417 5176	rode Islandi - Sireet Address	9	Exerces	02857		
5. Foreign corporation. Enter principal office address		Сиу	State	Zip		
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS						
Mark Howard		vice President Name				
63 Fonad's W		5 Howar.	15 LN			
N. Scituate \$27	82857	No. Schute	Siage DI	62857		
Lydia Steere		DNN A. L	Awson III			
166 Douglas Hook R	1	Street paddress 1 Dwal o	1's CN			
State PT 8. NAMES AND ADDRESSES OF THE DIRECTOR	2φ C2-8	No. Schude	Star 27 BEFORE USING ATTAC	Zip OZSS 7 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						
Bonald Poudrier		Pirettor Name  Kim De( )	Beauvais	(J). R.1.G.L. 7-0-23		
Street Address Saw Mill Rd		Street Address 519 Dov	alas Hoo	K RZ		
NU Scituate 502	<sup>%</sup> २०५५म	Chepachet	Siap	32814		
Maryin Knight		Director Name				
HUSLIN Ave		Street Address				
Overville State  9. REGISTERED AGENT IN RHODE ISLAND	<sup>20</sup> 09898	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						

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	Under penalty of perjury, I declare and affirm that I have examin	
	report, including any accompanying schedules and statements, and	that all
	statements contained herein are true and correct.	<b> </b>
File Date	Januar M. Lauson 11	11/201
	Signature of Office Date	<del>,                                      </del>
Check No Cd .Ol	$rac{1}{r} c$	
JUL   9 7011 Cq · U	THY 61 TOP 1007 Jennifer M. Lawson	
BV: M KL8/196 10'22	Print or Type Name of Officer	
	The state of the s	
FOR SECRETARY OF STATE USE ONLY	VILC- MESIDENI	
<b>BY</b>	Thle of Officer	
	Form 631 Rev	09/17