

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 2011
Filing Period: June 1 - June 30 • Filing Fee: \$20.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BL

NON-PROFIT CO Filing Period: June 1 - June	RPORATION	ANNUAL RE	SPOKI FOR THE	NTED LEGIBLY IN BL	ACK INK.
NON-PROFIT CO Filing Period: June 1 - June * In accordance with R.I.G.L. 7-	30 • Filing Fee: \$20	.00* - THIS REPORT	annual report within the time p	rescribed by law (R.I.G.L. 7-	6-91) is subject to a
* In accordance with R.I. G.L.	6-94, each corporation fai	ung or rejusing to jet the			
penalty fee of \$23.00.	A.G	_			
1. Corporate ID No.	7 TTAN 1340	d Beach C	hapel	City	Zip
28016	4. Corporate address in RBode Burna			Warwick	02886
3. State of Incorporation	2 Klinth Ave.			State	Zip
Rhode Island 5. Foreign corporation. Enter prin	cipal office address		City		
			<u> </u>		
6. Brief Description of the character	of the affairs which are acti	ually conducted in Rhode Is	ana - 11/11/185		
6. Brief Description of the character	Corvices +	Related M	C174		CHMENTS
Keligous.		CAN' BOX FOR ATTAC	HMENT) 🔲 FILL IN SPACE	S BEFORE USING ALLA	Similaria
7. NAMES AND ADDRESSE	S OF THE OFFICERO	. (	VII Descrident Name .	(4. N	
President Name Katherine Gilman			Joan Jonnsio		
Katherine O			street Address Amore Rd.		
Street Address 88 Cooper-Rd. State Zip				State	Zip
88 Coobs	State	Zip	City	RI	02886
City	アセ	02886	Warwick		
Warwick			Treasurer Name Lec. MasoN		
Secretary Name Nancy Dors			1 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
Street Address	<del>} - </del>		Street Address 9 Tenth Ave		
LE NINTH AVE			City	State ZI	Zip 2884
	State	Zip		K-1	1 · ·
Warnick	RI	6280 FOR AT		CES BEFORE USING AT	PUR (2) P.I.G.L. 7-6-23
8. NAMES AND ADDRESS	SES OF THE DIRECTO	)RS: ("A" BUA FUA MI	TACHMENT) FILL IN SPACE  CORPORATION SHALL	<u>VOT BE LESS THAN TH</u>	KEE (3). K.I.GIM
THE NUMBER OF DIRE	CTORS OF A DOMEST	TIC (KHODE ISLAND	Director Name	$\wedge$	
			OCORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23  Director Name  Lenn   fer   Car/51011		
Christine ALibrandi			Street Address		
976 Batton woods Ave			51 EIGHT	State	Zip
976 Batto	n Woods MY	Ζip	Gity ,	RI _	02884
City	State 72 I	02881	Warnick		
Warwick			Director Name		
Director Name	harland		12/300		
Patricia (		_ <del></del>	Street Address 5 Beach Park Ave Zip		
Street Address 56 EISHT	Ave		- Til	State	02886
	State	ZΨ	List out	RI	
City	RI	02886	1/1//8/1 or .	of Form 641 - R.I.G.L. 7	-6-13/7-6-78
MATERIA		ffice of the Secretary o	f State. Changes require filing	Of Political	Bassiver or Trustee
This information is curre	ently of record in the s	D. Last Vice	f State. Changes require filing e President, Secretary, Assis	tant Secretary, Treasurer,	, Receiver of Trans-
This report	must be signed by eit	her the President, vici	C 1 (0524)		
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			Hader nenalt	v of perjury, I declare and	affirm that I have examined this dules and statements, and that all
			report, includ	ing any accompanying sche	edules and statements, and that all correct.
		<del></del>	statements co	ontained neteril are true and	2/12/11
	LED	1	<b>Y</b>	E Mason	Date
	<b>Lete L</b>	\		Menar	Dan
File Date	7 1 2011		1	F. Masin	
Check No	<u> </u>	\	Signature of Officer  Lee E. Mason  Print or Type Name of Officer		
, I = 1	x42	1	Print or Type Nume of San		
By <b>BY</b>			Tres	surer	201 Day 00/1
	ARY OF STATE USE ONLY	l l	Title of Office	er	Form 631 Rev. 09/1
I ION SECRET.					