

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

| 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 1

penalty fee of \$25.00.					· <u>-</u>		
1. Corporate ID No.	2. Name of Corporation	~ · /\	-1	1 _			
159487	Mision	(ristiana	El Calvo	1/10			
Rhade Island	4. Corporate address in R 464 Silv	bode Ísland - Street Address Er Spr/pc	2 51	Providence State	^{zip} 029 <i>0</i> 4		
5. Foreign corporation. Enter prin	cipal office address	/	City	State	Zip		
6. Brief Description of the character of the affairs which are acqually conducted in Rhode Island VISI HING TWO III 9T NOSPITALS, VISI HINGS 9+ PTISTONS, COUNSELING							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)							
President Name	Cruz		Vice President Name				
Strait Address 3 () MON St.	(2100		Street Address	- 5+			
AHLEDOVO	Sinte MA	2ip 02703	Providence	State	240 02 9 08		
Secretary Name	la		Treasurer Name NOYMA Tau	leras	<u> </u>		
Street Address Hillside	St		Street Address Roger W	illiams A	ve.		
Cranston	State R\	Zip	Providence	State R \	Zψ		
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 Name	Cruz		Director Name	~			
Street Address	0,02		Street Address ;	1			
3 Union ST	T-		978 Chalks to	one Ave			
Attleboro	MA	02703	Providence	State	02 9 08		
Saays Ur	1701		NOYMA TA	rveras			
77 Ayrault	- st.		Street Address Roger U	Midmas	Ade 20		
Providence 9. REGISTERED AGENT IN	RHODE ISLAND	02908	Providence	State &			
		of the Secretary of State	. Changes require filing of Form	641 - R.I.G.L. 7-6-13/7-	6-7 % ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○		
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver as Trustee (1)							
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By:	By Ants	
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Under penalty of perjury, I declare and affirm that I have examined this
report, including any accompanying schedules and statements, and that all
statements/contained berein are true and correct.
1108.11
Signature of Office Date
William E. Cruz
Print or Type Name of Officer
President
Title of Officer