

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

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 sub-

| penalty fee of \$25.00. | | | e vis animat report within the tim | te preserioea by taw (R.1.G. | .L. 7-0-91) is subject to a |
|--|---|-------------------------|--|--|-----------------------------|
| 566146, | 2. Name of Corporation Relief Charities | | | | |
| 3. State of Incorporation | NC 155 S. Main St. | | | Providen | CL 02903 |
| 5 Foreign corporation (Entry) | UTON | <u> </u> | Sherman | State | 75090 |
| 6. Brief Description of the character of the Sund of UNITY OF THE SUND OF THE SUND ADDRESS OF THE SU | sul Selvices on | rural + remote | e Island Krowyahoro.We fuci CHMENT) FILL IN SPACE | US ON HEALTHALL ES BEFORE USING AT | ducation of Community |
| President Name Albert | | | Vice President Name | | |
| Street Address & Payton | | | Street Address | | |
| Sherman, | Stare | zip 15090 | Сиу | State | Zip |
| Secretary Name Williams | | | Treasuforfiyame Peters | | |
| Street Sellenge & HIPAIK DV. | | | Street Statress E. Peyt M | | |
| Elkuvad | State A | 2ip 22718 | Sherman | State | Zip 15090 |
| 8. NAMES AND ADDRESS THE NUMBER OF DIRECT | |)KS: ("X" BOX FOR AT | | ES BEFORE USING AT | |
| Director Name Thomakin S | | | Director Name CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 | | |
| Street Address Reylon St. | | | Street Address Stepton St | | |
| Merman | Store | 25090 | Sherman | State | 75090 |
| Difector Name Montifales | | | Director Name | | |
| Super squiress & Keyfon | | | Street Address | | |
| 9. REGISTERED AGENT I | N RHODE ISLAND | 75090 | City | State | 7/p SE CCC |
| This information is currentl | y of record in the Offic | e of the Secretary of S | tate. Changes require filing of | Form 641 - R.I.G.L. 7-6 | -13/7-6- [R SR 77] |
| This report me | ist he signed by either | the President, Vice P | resident, Secretary, Assistant | Secretary, Treasurer, R | |
| | | 0:31 | | | AM 18: 3 |
| | KMC | | Hadaa aasalaa afi | and an income to the state of t | |
| | | 7 | 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 herein are true and correct. | | |
| File Date Check No. | | | Signature of Officer | Alhort | Date |
| Ву | | | Print of Type Name of Officer | | |
| FOR SECRETARY OF | STATE USE ONLY | | TI (SIALI) Title of Officer | ナ <u> </u> | |