

1. Entity ID No.

FIWI. \ a

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

2. Exact name of the Corporation

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

VILLA NEE ZONIE HIS	OCIATION IN 1HE AMERICAN INC
3. State of Incorporation 4. Corporate Address in RI - Street A	ddress City Zip
Phode Island 37-Harrison	street Pawfuclat 02860
5. Foreign corporation. Enter principal office address	City State Zip
C. Brief description of the observator of hydinana conducted in Dhada Inl.	
6. Brief description of the character of business conducted in Rhode Isla Promoting the Education 9/ 9	chustres of the Children of the
$\mathbf{U}_{\mathbf{A}}^{*}$	
Membersh of the 9580	
President Name	ATTACHMENT) Vice-President Name
Tommy SOE	Mrs. Amanda A. Dedo
Street Address	Street Address
37-Harrison STREET	105 Ganfreld Ave
City \ State \ Zip	City State - Zip
Pawfucket Ril 8286	o providence R.1 02860
Secretary Name	Treasurer Name
Albert P. larlue	Cretha J. Kartear
Street Address	Street Address '
107 Carter Ave	Ley Laura ST 3 cm
Pawfucket State R. I Zip 02861	1 City providence State Zip 32 707
	The state of the s
8. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES), RHODE ISLI ("X" BOX FOR ATTACHMENT)	AND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS
Director Name	Director Name
Amos L. Zannonjal	KIII am Cheaty = 300
Street Address 8955 Centerway Rd City State Zip	Street Address Pine Bark Rd = ==
	Stone Mountaine GA 30089
Grant Lersburg MD 20879	Director Name
Susanneh T. Gayler	
183 Continental Place Apt #	30 938 Genessee Park Blud
City . State Zip	City State Zip
Staten Island NY 10303	Rock Chester Ny 14619
9. REGISTERED AGENT IN RHODE ISLAND	
This information is currently of record in the Office of the Secretar	y of State. Changes require filing Form 641.
This report must be signed by either the President, Vice-Pre	sident, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee
	Under penalty of perjury, I declare and affirm that I have examined
File Date	this report, including any accompanying schedules and statements and that all statements contained, herein are true and correct.
Check No ADD 0.6 2012	and that an statement Contained herein are true and correct.
Ark 96 2012	18mmold 4/6/12
By: 1/ (2 2 2 C	Signature of Officer Date
FOR SECRETARY OF STATE USE ONLY	JOMMY SOE
CMC	Print or Type Name of Officer
Form No. 631	presidant
Revised: 01/2012	Title of Officer