

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

2012 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. /-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.	
1. Corporate ID No. 2. Name of Corporation	INC.
103762 IRINITY KESTORATION  3. State of Incorporation 4. Corporate address in Rbode Island - Street Address	City Zip
RHODE ISLAND 393 BROAD STREET	PROVIDENCE 02907
5. Foreign corporation. Enterprincipal office address	City NA State NA Zip NA
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO RESTORE AND MANAGE THE HISTORIC THERTER AND CLASSROOMS AT TRINITY UNITED METHODIST CHURCH FOR COMMUNITY USE.	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS	
President Name MR. PETER BORTOLOTTI	Vice President Name MR. MICHAEL WILLIAMS
Street Address 400 PINE STREET	Street Address 88 BAGLEY STREET UNIT#2
City PROV. State R.I. Zip 02903	CENTRAL FALLS State R.I. 21002863
MR. RICHMOND FLOWERS	RICHMOND FLOWERS
Street Address 24 LOYLEY ROAD	Street Address 24 LOYLEY ROAD
City PROV. State R.I. Zip 02908	City PROU. State R.I. Zip 0 2908
	HMENT) FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) C Director Name	ORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23  Director Name
REV. DR. HEHRY JAMES	MR. ADVERTUS KARPEH
Street Address 147 GIFFORD AVE.	Street Address 36 WILNA ST.
SOMERSET State MA Zip 02726	City PROV. State R.I. Zip 02904
MS. LUCIA JACKSON-BARCON	MS. CATHERINE SENGELO
Street Address 106 LEE ST.	Street Address 10 CAHONCHET AVE &
PAWTUCKET   State R.I.   220 0286   9. REGISTERED AGENT IN RHODE ISLAND	MARWICK State R.I. N. 02888
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-1325-78	
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver of Trustee	
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FILED DI3	
JUN 2 7 2012 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	Signature of Officer Date
Check No.	
Ву:	Print or Type Name of Officer  Secretary Treasurer
FOR SECRETARY OF STATE USE ONLY	Title of Officer