

## 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/business

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20/2

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

1. Entity ID No.	2. Exact name of the Corporation	·	PENALTY FI	
76667	TURNING	POINT		
3. State of Incorporation	1. Brief description of the character of b	usiness conducted in Rhode Island	do	10-1
R. I.	6. Brief description of the character of be Group nome SI Living SITE Ferri	te ong semi-in disnelvantagea	ndeles ndeles	scents
5. Principal office address	KIDSWay	City PAWTUCKET	State	Zip 02860
	AND ADDRESSES) ("X" BOX FOR AT			
President Name Br. AJ RAWNS184		Vice-President Name Ted Wynne Jr.		
Street Address 1401 Newpe	of ALENCE State RI Zip 02861	68 Brando	144	
		City PAUTULKET	State	
Secretary Name Leter Kq.	nelakos	Treasurer Name The Odore	King	/
Street Address 19 BEAN	Hill Rend	Street Address 533 Paul	er Ro	ad
city Seekonk s	State KIA- Zip 03771	City PAUTUKET	State	CD860
7. LIST <u>ALL</u> DIRECTORS (NAME: ("X" BOX FOR ATTACHMENT)	S AND ADDRESSES). RHODE ISLANI	CORPORATIONS MUST LIST NO I		
Director Name GACLE Sect		Bray Rows	le u	
	Dura Street	Street Address  140r NCWONT	_	2
City PANTUCKET S	State Zip US860	City PAUNIMET	State 21	Zip CD860
Director Name TCD Wynn Street Address	e JR	Director Name		2012
Street Address  68 BYCHOWG -		Street Address		=
City PAUTICE T	RI Zip 860	City	State	Zip 3
8. REGISTERED AGENT IN RHOD	<del></del>	unsley		<b>v</b> 99
	ecord in the Office of the Secretary of			<u> </u>
This report must be sign	ed by either the President, Vice-Preside	ent, Secretary, Assistant Secretary, Trea	asurer, Receiver	or Trustee
		Under penalty of perjury, I decla	re and affirm th	at I have examined
File Date		this report, including any accom and that sill statements contains	pacying sched	ules and statements,
Check No		Manultain	21/1/19	7/3/2//
Ву:		Signature of Officer	100-1	Date
FOR SECRETARY OF STATE US	SE ONLY FILED	BRIAN KAN Print or Type Name of Officer	NS/E	<u> </u>
Form No. 631 Revised: 05/2012		ChAIRMA	<u>/</u>	
neviseu, US/ZUTZ	JUL 3 0 2012	Title of Officer		
	RV 0-17588	5		