

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 _2012-

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

Filing Fee: \$20.00 · FAIL	URE TO FILE T	HIS REPORT BY JU	JLY 30 WILL RESULT IN A \$25.	.00 PENALTY I	EE.	
1. Entity ID No.	2. Exact name of	the Corporation				
1101692	1					
	1	- L' 4	with leadership	Carlo	T.	
3. State of Incorporation	4. Brief descriptio	n of the character of bu	usiness conducted in Rhode Island	-ounda III	sn, inc	
		or and onarabish of bo	ionicos conductes in i inode taland			
PT	Con	il. Gara	car all a b	Lac		
5. Principal office address	Comm	unity jervi	cest youth active	State	Zip	
131 Forelyon Due & Cranston			Cranston	RI	02910	
6. LIST ALL OFFICERS (NAMES	S AND ADDRESSE	S) ("X" BOX FOR AT			Anta e de Centa de Cale	
President Name			Vice-President Name Esther Cole			
Street Address			Street Address			
131 Fordion A	2#5		131 Fordson	*5		
City	State RT	Zip	City	State	Zip	
Cranston	NJ.	02910	Cranston	R±	02910	
Secretary Name Lewellun	<i>~</i> 1		Treasurer Name Estle Col	'a		
Street Address	<u> </u>		Street Address	<u>e</u>		
131 Konden	pre \$5		131 Forden Au	e # 5		
City	State RT	Zip 0 79 16	City	State	Zip 0 29 10	
7. LIST ALL DIRECTORS (NAME	<u> </u>		CORPORATIONS MUST LIST NO	NECE TURN TO	ner al presenta	
("X" BOX FOR ATTACHMENT		and the property of the		J LLSS INAM	TREE (3) DIRECTORS	
Director Name			Director Name	200 C C C C C C C C C C C C C C C C C C		
L/ewe/1-	in Cole		Esther	Colo		
Street Address	De 45		Street Address	10 a #C		
City	State	Zip	City	State	Zip	
Cranston	RI	029,0	Cromston	Rt	32910	
Director Name			Director Name		,	
Ren Gar	-vi h		Mike Kasha	nh		
Street Address			Street Address			
City // punagan	eH AR		224 orm	sstreet	- Sol Chir	
City 12	State	Zip 02909	City	State State	Zip	
8. REGISTERED AGENT IN RHO	K-I	OE 789	Povolevce	KT	06707	
A A A A S A A A A A A A A A A A A A A A		e of the Secretary of	State Change and the file F			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641. This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						
FILED						

File Date APR 1 5 2015 Check Nogy	Under penalty of perjury, I declare and affirm that this report, including any accompanying schedule and that all statements contained herein are true a lewelly a Cole	s and statements.
	- 1. A 1	Date
	AID SHOTT BE SHOT SHOTT Type Name of Officer BIVIS 36 AU 3383335	
Form No. 631 Revised: 05/2012	Title of Officer	