

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

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

| The second secon | AILURE TO FILI | E THIS REPORT BY J | IULY 30 WILL RESULT IN A \$25. | 00 PENALTY | FEE. |
|--|---------------------------------------|-----------------------------|---|--|-----------------------|
| 1. Entity ID No. | 2. Exact name | of the Corporation | · · · · · · · · · · · · · · · · · · · | ······································ | |
| | | | | | |
| DVP 118176 | The W | Varren Cousin | usiness conducted in Rhode Island | | |
| 3. State of Incorporation | 4. Brief descri | ption of the character of b | ousiness conducted in Rhode Island | | |
| | | • | mony of Pilgrim Ri | shord Wa | tren, |
| RI | Mayfl | swer passens | le r | | |
| 5. Principal office address | | • | City | State | Zip |
| SOO Water from t Drive, #215 B. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR AT | | | East Providence | 151 | 02914 |
| President Name | MES AND ADDRE | SSES) ("X" BOX FOR A | Vice-President Name | | |
| Debra K. Mina | | | Richard S. Gilmore | | |
| Street Address | | | Street Address | | |
| 5136 Rowse : | | | 320 Newborn S | 4. | |
| City | State | Zip | City | State | Zip |
| Great Valley Secretary Name | NY | 14741 | Danvers | MA | 01923 |
| Gail Adams | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| 211 FOXTROT WAY NW | | | 500 Water-front Dr. #215 | | |
| City | State | Zip | City | State | Zip |
| Leesburg | <u> ra</u> | 20176-2048 | East Providence | RI | 62914 |
| ("X" BOX FOR ATTACHME | MES AND ADDR NT) T | ESSES). RHODE ISLAN | D CORPORATIONS MUST LIST NO | LESS THAN T | THREE (3) DIRECTORS |
| Director Name | ···, L.3 | | Director Name | | |
| George C. Bingham | | | Henry C. Adams Street Address | | |
| Street Address | | | | | |
| City City | | | 3 Todd Road | | |
| Belmo nt | State A | Zip 02478 | Cope Elizabeth | State | Zip |
| Director Name | | 106418 | Director Name | me | 04107 |
| Harold F. Ordu | Jr. | | | | |
| Street Address | | | Street Address | | |
| City Baily Cou | | I=: | | | |
| Canton | State MA | Zip 02021 | City | State | Zip |
| 8. REGISTERED AGENT IN R | | 10 EDEC | | | |
| ** | | Office of the Secretary of | f State. Changes require filing Form | n 641 | |
| | | | ent, Secretary, Assistant Secretary, Ti | | er or Trustee |
| | | FILED | • | | |
| | | • | | | |
| | | MAY 21 2013 | Under penalty of perjury, i dec | are and affirm | that I have examined |
| File Date | · · · · · · · · · · · · · · · · · · · | MINI DI COIO | this report, including any acco | mpanying sch | edules and statements |
| Check No | | mne | and that all statements contain | sed nerein are 1 | irus and correct, |
| | Ву | 111010 | - Elsie D. Bu | Hum | 5-7-13 |
| Бу: | | # 2020 | Signature of Officer | • | Date |
| FOR SECRETARY OF STATE | E USE ONLY | - // | Elsie D. B | uffum | |
| | | | Print or Type Name of Officer | • • | |
| Form No. 631 | | | Treasurer | | |
| Revised: 05/2012 | | | Title of Officer | | |