

## 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 <u>20/3</u>

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

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

1 ming 1 cc. \$20.00 TAI			I	<b></b> .
1. Entity ID No.	Exact name of the Corporation			
	-1 -	IN CTIPINS	Lnc.	
1000 27 234		80. OHZ CH.		
3. State of Incorporation	4. Brief description of the character of bu	usiness conducted in Rhode Island	Mitiz	enscenter
DT	The sport of	<i>I</i> ( )	101112	
ア、エ	1291 Hart 10	LAvenue		
5. Principal office address	<u>+0 ) 0 .</u>	City	State	Zip
129/1/01	Havid Avenue	Lychnston	I K L	02919
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)				
President Name Lowsune Nat	5/2	Vice-President Name		
Street Address	1	Street Address	<u> </u>	
9 Emerald	hane	46 Dix Ave	nue	
City	State Zip	City	State	70 SS
Socretory Name	KI 102919	Treasurer Name	171	1 <b>2</b> 3867
Secretary Name	grand	Daving Gr	7.2-10.1	P P P
Street Address	7	Street Address	N .	N 2250
6 Patrici	a Drive	6 Paricia	Univ	
City	State Zip	City	State.	<b>9</b> 29 E
JOHNDOO	RI 102919	170MNS 10 U		I MAG
7. LIST ALL DIRECTORS (NAM "X" BOX FOR ATTACHMENT	ES AND ADDRESSES). RHODE ISLAND	CORPORATIONS MUST LIST NO L	ESS THAN TH	REE (8) BIR BYTORS
Director Name		Director Name		
Kuth Can	1evon	Mary Cer	ra	
Street Address		Street Address	1 /	
38 D/X 1	Juenue	975 HTWO	2 d	Juenue
City	State Zip Zip 0.5919	City	State	Zip
Director Name	1 2 2 2 2 7 7	Director Name	<u> </u>	12017
Thin (sing	z ian 3			
Street Address		Street Address	<del> </del>	
6 Paric	iadrive			
City Tolong ton	State Zip	City	State	Zip
8 REGISTERED AGENT IN RHO			<u> </u>	
This information is currently of record in the Grape Becretary of State. Changes require filing Form 641.				
This report must be signed by either the second of the sec				
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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.

Signature of Officer

Date

FOR SECRETARY OF STATE USE ONLY.

Print or Type Name of Officer

Form No. 631
Revised: 05/2012
Title of Officer