

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 2013

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.	
Entity ID No. 2. Exact name of the Corporation	
98932 Rising S	Hars, IMC
State of Incorporation 4. Brief description of the character of but	siness conducted in Rhode Island
Rhode Istand 19 VerVeny 5	Freet
5. Principal office address	City Cranstow State RJ Zipo 2920
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)	
President Name JONKINS	Vice President Name RAMUS JENRINS
Street Address erveng St	Street Address 19 Venterg Street
City rans for State P 32920	Cran Ston State Zip 2920
Vanass A Hav	Treasurer Name Do 1 to C+
Street Address Buff Avenue	Street Address BUTF Avenue
City Cranston State Rt 21p 2905	City Zranston State Zipod920
7. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)	
Director Name Dara Pope	DirectorName Khekot-Jenkins
Street Address Carolina Abenue	Street Address Ververy Street
providere RL 02105	City rand from State Zip UL9 NO
Director Name Wanel A Jutte	Josh Jenkin Jr.
	Street Address Venvena st
City Providence State & Zip 02 907	Cranston State Zipodrao
8. REGISTERED AGENT IN RHODE ISLAND	
This information is currently of record in the Office of the Secretary of	
This report must be signed by either the President, Vice-Presider	nt, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee
FILED	,
File Date JUN 2 1 2013	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.
Check No	Josh Kenkens 6-18-13
By:By	Signature of Officer Togh Jenking Date
FOR SECRETARY OF STATE USE ONLY #384/	Print or Type Name of Officer
Form No. 631 Revised: 05/2012	Title of Officer