

## 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

Filing Period: June 1 - Ju	ORPORATION ANNUA une 30 · This report must be typed .URE TO FILE THIS REPORT BY JU	or printed legibly.	<b>5</b> 000		
1. Entity ID No.	2. Exact name of the Corporation		- 32		
0059863	Good Freday	Walk	2 A		
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island				
RI	Support the	Honal Ess/Hunge	: <b>15</b>		
5. Principal office address	·ST	City Prov	State Zip 21907		
President Name	S AND ADDRESSES) ("X" BOX FOR AT	· · · · · · · · · · · · · · · · · · ·			
President Name Sr Ma	ni Reillin	Vice-President Name	Sarland		
Street Address	erd St	Street Address	avet St		
City Prov	State RI Zip 02905	City PVTV	State Zip w903		
Secretary Name	Rurdatt	Treasurer Name	oti a		
Street Address 5 Gree	ne St	Street Address 425 Place	field St		
City Hov	State RI Zip 02903	Ther !	State		
7. LIST <u>ALL</u> DIRECTORS (NAME ("X" BOX FOR ATTACHMENT	ES AND ADDRESSES). RHODE ISLAND )	CORPORATIONS <u>MUST</u> LIST NO LES	SS THAN THREE (3) DIRECTORS		
Director Name of Ana	Kzelz	Director Name  Toak Ro	Licki		
Street Address 239 Ox f	and St	Street Address 200 Kiagara	_ <i>st</i>		
City Tray	State Zip C2905	City Pray	RT 2102907		
Director Name	D +L	Director Name	1 1		
Street Address	whild St	Street Address 200 Man	ic bour		
City Tiov	State Zip ON 90 9	City Pro	State Zip 02907		
8. REGISTERED AGENT IN RHODE ISLAND					
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					

File Date	FILED	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	JUL 12 2013 m 201386	Signature of Officer  RONN FORES	7/12/13 Date
Form No. 631	11:45	Transition Type Name of Officer	
Revised: 05/2012		Title of Officer	