

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

1. Entity ID No.	2. Exact name of the Corporation	^					
30600	Poetrames K	ry GHOT dec	iels of	FWest			
3. State of Incorporation	4. Brief description of the character of bu	siness conducted in Rhode Island		, V			
NON PROTIT	Holy GHOT,	Brother Homos M	tMBER	only			
5. Principal office address		City WEST UARURA	State Z	Zip			
JOSE SILVA		The state of the s	124	02873			
	AND ADDRESSES) ("X" BOX FOR AT						
President Name ZoSe S'LUA		Vice-President Name, CARIOS ARRAIAL					
Street Address Ch.		Street Address Yours AVC					
UEST WARRIE	State Zip UZ 193	West WARWICK	State	02893			
Secretary Name M M M M M M M M M M M M M	GrahAM	Treasuret Name Aul Garci	A				
Street Address MA/1	JSF		viz A	V			
W WARWICK	State Zip Zip	Mest Warwise	State	0L893			
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	STRELA	Director Name	Cria.				
Street Address GILL CRES	BRINUE	Street Address	NSF	-			
CITY CVEST. WARDING	State Zip 02893	i wowiel	Span	1000 B			
Director Name Conge Te	Melea	Director Name					
Street Address	St	Street Address					
Westwarviac	State 2 10 00 00 00 00 00 00 00 00 00 00 00 00	City	State	ip			
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 this report, including any accompanying scheduland that all statements contained herein are true		
Check No	JUL 2 6 2013	Signature of Officer	Caroa	7/12/13
By: For secretary of state use Day ly	4405	PAUL	GARCIA	
Form No. 631		Print or Type Name of	INCE	
Davingd- 05/2012		Title of Officer		