

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 _

201

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

Filing Fee: \$20.00 • FAI	LURE TO FILE THI	S REPORT BY JUI	LY 30 WILL RESULT IN A \$25	5.00 PENALTY I	FEE.
1, Entity ID No.	2. Exact name of the	e Corporation			
9612	FAIRMO	ount m	mor Chub		
3. State of Incorporation	4. Brief description of	of the character of bus	iness conducted in Rhode Island		
R. I	Bingo				
5. Principal office address			City	State	Zip
LIST ALL OFFICERS (NAME	S AND ADDRESSES) ("X" BOX FOR ATT			
President Name	esepul.	in	Vice-President Name Tefficer Re	774	
Street Address 520 2NL	the	220B	Street Address 520 2nd	Aue	211 B
woonsacket	State Z	02895	woon socket	State	Zip 82895
Secretary Name			Treasurer Name		
TVANCY (S	AYYOH		Street Address	iftes	
525 2ND	Aue à	230A	520 2nd	All	11713
woon socket	State	2ip 02895	Woonsocket	State 9	Zip 02895
7. LIST <u>ALL</u> DIRECTORS (NAN ("X" BOX FOR ATTACHMEN		S). RHODE ISLAND	CORPORATIONS <u>MUST</u> LIST N	IO LESS THAN T	HREE (3) DIRECTORS
Ruth Berger on			Director Name ' AllCE HANLEY		
Street Address 525 Jul	Ave	122A	Street Address 525 And	Ave	#229A
Woonsochest	State Z	02895	Woonsoulet		2895 02895
Director Name Darken R	Binson		Director Name		
Street Address 520 Aug	Ave	#213	Street Address		
Woonsucket	State 7. I	02895	City	State	Zip
B. REGISTERED AGENT IN RH					2.2.
			State. Changes require filing Fo		· · · · <u>· · · · · · · · · · · · · · · </u>
I his report must be si	gned by either the Pre	esident, Vice-Presiden	t, Secretary, Assistant Secretary,	Treasurer, Hecelve	er or Trustee
	المراجعة الم				
		FILED	Haday namelter of modern - 1 4-	alaua ama addi	that I have areamined
File Date			Under penalty of perjury, I de this report, including any acc	companying sche	edules and statements,
Check No	 	JL 2 6 2013 -	and that all statements conta	ined nerein are t	rue and correct.
*	BY	46/2	Signature of Officer	(Webul	Date
FOR SECRETARY OF STATE	USE CIV LY	7 7 00	Pecile Des	Beautien	,
	W1		Print or Type Name of Officer		
orm No. 631			President		
Revised: 05/2012			Title of Officer		