

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

In accordance with R.I.G.L. 7-6-94, each corporation failing or enalty fee of \$25.00.	To the second			
Corporate ID No. 2. Name of Corporation	JAMES	TONN Senio	RS NC	
July Bhode Isla		<del></del> : ;	City	ZIP
State of Incorporation 4. Corporate address in Robbie Issue	PARA	184	JAMESTUWA	02835
R. D. WESTUT	Git	r	State	Ζφ
Foreign corporation. Enter principal office address				
none	Turked in Phodo Idand		0 = 004=00	12. 121
Brief Description of the character of the affairs which are actually con  TO OPERITE AND FUND  MEAUSITE TO MPROVE	THE JAK	LESTOWN SCALE	OR CENTER	TIZEND
TO DPERITE AND F-UND MEALGITE, TO IMPROVE  NAMES AND ADDRESSES OF THE OFFICERS: ("X" E	THE LIVE BOX FOR ATTACHMEN	VT) FILL IN SPACES B	EFORE USING ATTAC	HMENTS
. NAMES AND ADDRESSES OF THE OFFICEROS	Vic	e President Name		
resident Name FD HOLLAND		FLEANOR CA	145e	
	Su			
Street Address & HOWLAND AVE.		430 (TON DO	OLA ITUE	
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JIM COIDE	7)	easurer Name		
Secretary Name BRUCE WIGTON	1/	and Tighte		
	St	reet Address 4	T	
Street Address Penns QL VIDNIA /	tue-	(C 111.85) V	State	Zip 2
City State Zip	2012 -	JAMESTOU	W EI	02643 0
TPMESTOWN RL 10	<i>2</i> 835	HENT) FILL IN SPACES	REPORE USING ATTA	CHMENTS 46
THE DIRECTORS: (*2				<u>iE</u> (3). R.I.G.L. 7,6-33
8. NAMES AND ADDRESSES OF THE DOMESTIC (RETHE NUMBER OF DIRECTORS OF A DOMESTIC (RE	HODE ISLAND) COL	RPORATION SHALL NOT	<del></del>	•
The state of the s	$ig _{-\infty}^L$	DIRECTOR Name  LONALD RIC	C.4 A/2D50N	· .
MARIUN SHEEHAN		UDVALU KI		
Street Address	308 S	reet Address  12 DAVIS	<+	
Street Address PEMBERTON AVE #	200	IN DAY	<u> </u>	7(6
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JAMESTOWN SILL O	2895	VAMES I DUR		
	1	Oirector Name BRUCE	1 11111 nast	-0N
Director Name /RENE NEWSHAM				
		Street Address RACQU	10 T 121	
Street Address PIERCE AVE-		100 MICHA	, , , , , ,	7/0
	(	TAMESTOWN	State T	3 X 35
Car PALLOSTINA PET C	2835	JAMES 1000	1 103	1 -
O RECISTERED AGENT IN RHODE ISLAND				
7. REGISTERED AGMIT AT THE		Changes require filing of Fr	orm 641 - R.I.G.L. 7-6-1	3/7-6-78
This information is currently of record in the Office of the	be Secretary of State.	Cusudes reduite titing of re-		- Tourista
This report must be signed by either the P	resident, Vice Presid	lent, Sccretery, Assistant S	ecretary, Treasurer, Re	ceiver or itusiee
This report must be signed by extreme the r				

	FILED	Under peralty of perjury I declare and affirm that I have examined	d this
	SEP 03 2013	report, including any accompanying schedules and statements, and the statement condined herein are true and correct.	
File Date	BY 2581	Signature of Officer  Date  HOLAND	
Check No.	5 circl	Print or Type Name of Officer	
By:	250	Title of Officer Form 631 Rev.	09/17