

## 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 2014

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

Filing Fee: \$20.00 • FA	LURE TO FILE THIS REPORT BY J	ULY 30 WILL RESULT IN A \$25	.00 PENALTY	FEE.	
1. Entity ID No.	2. Exact name of the Corporation	act name of the Corporation			
31261		1	- 0	1 1	
31001	RHODY ROUGES #84	of North, anens	- Ham.	Q. Consed la	
3. State of Incorporation	RHODY ROVERS #89 4. Brief description of the character of by	usiness conducted in Rhode Island	wy wine	7 1-10-	
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	Kanily Comprise	man p			
5. Principal office address	The state of the s	City	State	Zin	
5. Philippinico address		Carrier la la la		1 0286 y	
E LIST ALL OFFICERS (NAME	ES AND ADDRESSES) ("X" BOX FOR AT	TACHMENT	1000	10007	
President Name -	~^	Vice-President Name		· · · · · · · · · · · · · · · · · · ·	
Kehail Namo	wey In	Cita Clarke-			
Street Address	0	Street Address			
XY Theellest		Vo Cisk St			
Oby	State Zip	City	State M H	Zip 2093	
ovenly	028/6	Wirthow	1111	000005	
Secretary Name	la .	Treasurer Name	0.	$\mathcal{O}_{\perp}$	
Street Address	mue	Street Address.	uce s	<u>~</u>	
11 Temple St	-	11 Tanish . la	2		
City	State Zip	City	Sjate,	Zip _	
unbeland	Cled 02864	Cumbuland	Sol	02864	
LIST ALL DIRECTORS (NAI ("X" BOX FOR ATTACHMEN	IES AND ADDRESSES). RHODE ISLANI T)	CORPORATIONS MUST LIST NO	LESS THAN		
Director Name		Director/Name 20 0		<del> </del>	
Lett Cloutier		Shay Clarke			
Street Address  All Hope	al	Street Address Cisks	-		
menty.	Zip D28/6	City	State	Zip 02083	
Director Name	1000072	Director Name		02070	
126 W	ation				
Street Address	2	Street Address	<del></del> ,		
81 Cirille	ny XI				
Leelal	State Zip 0277/	City	State	Zip	
REGISTERED AGENT IN RH		<u> </u>	I		
	f record in the Office of the Secretary of	State, Changes require filing For	m 641.		
	gned by either the President, Vice-Preside			ver or Trustee	
•			· · · · · · ·		
		Under penalty of perjury, I dec	lare and affirm	that I have examined	
File Date	FILED	this report, including any acco	empanying sch	edules and statements	
		and that all statements contain	ned herein are	^	
Check No	MAY 1 9 2014	glaymond a	areliera	5/16/20	
Ву:		Signature of Officer		l Date	
	BY /335	RAYMOND A	Soul	ERE SR	
FOR SECRETARY OF STATE	USE ONLY	Print or Type Name of Officer	<u> </u>	- 10 10 10	
N one		hearing			
orm No. 631 evised: 05/2012		Title of Officer			
STIGGE, VOIEUIE		THE ST STITIST			