

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR OF Providence Filing Period: June 1 - June 30 • Filing Fee: \$20,00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

Providence, RI 02904-2615 401.222.3040

* In accordance with R.I.G.L. 7-6-94, each corporation penalty fee of \$25.00.	on failing or refusing to file it	s annual report within the time pr	rescribed by law (R.I.G.L. 7-	6-91) is subject to a
1. Corporate ID No. 2. Name of Corporation of SUM		KCREATION	,	
3. State of Incorporation 4. Corporate address 16	in Rhode Island - Street Address CLIEVELA		Stell PROV	02908
5. Foreign corporation. Enter principal office address (C) (C)		City	State	Zip
6. Brief Description of the character of the affairs which are	actually conducted in Rhode Isl	and		
7 NAMES AND ADDRESSES OF THE OFFICE	DC (#YF DGY DG) 1000 1000			
7. NAMES AND ADDRESSES OF THE OFFICE. President Name JOHN M. E		Vice President Name		
Street Address Ollinghoup		Street Address	POD POR	RD
WANWICK STATE	2ip 0 1 8 8 C	"LANWICK	State RT	333E0dez
Secretary Name DRONA ERICE		Treasurer Name	1. ERICE	
Street Address POND POND	ROAD	Street Address	liphuood	OR
WARLICK STATE	07888	LARAICA	State RI	24028EC
6. NAMES AND ADDRESSES OF THE DIRECTOR THE NUMBER OF DIRECTORS OF A DOMEST	ORS: ("X" BOX FOR ATTAC TIC (RHODE ISLAND) C	HMENT) FILL IN SPACES I ORPORATION SHALL NOT	BEFORE USING ATTACH BE LESS THAN THREE	MENTS
POR REBFICO		Director Name CHRIC DUP ()		
Street Address 140 CHAPLIN	S	Street Address	AG MELC	26.5
PAN TUCKET STATE	2ip 02861	in Anuick	State RI	^{Zip} O2889
Director Name YNR ETCH		Director Name TOHN	REDELL	
Street Address 6 MILES	AVK	Ce 4 .1 .1	<u> </u>	STREET
PAWTUCKET RI P. REGISTERED AGENT IN RHODE ISLAND	D2861	EAST PROV	State	02916
This information is currently of record in the Offic	e of the Secretary of State.	Changes require filing of Form	1 641 - R.I.G.L. 7-6-13/7-6	5-78 2
This report must be signed by either	the President, Vice President	lent, Secretary, Assistant Secr	etary, Treasurer, Receive	
	FILED			≥ 3
	JUN 02 2014			2
B	, 20542-	1		PH 3
	7 A.A.	report, including any acc	y, I declare and affirm that ompanying schedules and s	bave exempted this tatements, and that all
File Date	1111	statements contained her	ein are true and correct.	6-2-14
Check No.		Signature of Officer		Date
Ву:		Print or Type Name of Offi	M. ERICT	<u> </u>
FOR SECRETARY OF STATE USE ONLY		PRRSIO. Title of Officer	E~7_	