

## 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

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filling 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.

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	Ohnston		Compa.	ns H	<sup>1</sup> 3	
3. State of Incorporation 4. Corporate Add	dress in RI - Street Addre	ess	City To h	<u></u>	Zip	, , a
15 <u>1</u> 109 0	Areenville	F1//C	JUAN	US 7 6VL	700	7/7
5. Foreign corporation. Enter principal office address	SS	City		State	Z/p	
6. Brief description of the character of business cor				<b></b>		
ASS157			i 05	····		
7. LIST ALL OFFICERS (NAMES AND ADDRESS	ES) ("X" BOX FOR AT	<del></del>	. <u></u>			
President Name		Vice-President Name				
M. Vendetti Street Address		Division A A distriction				
104 Greenvilly	1711e	Julie Address	Gree	NI/II	· PH	- כמ
City Johnston State	Zip 02919	City JUAN	STON	State // I	Zip C2	919
Secretary Name		Treasurer Name	7. Ucc			
Street Address		Street Address				
104 GICENIII	11 17/18	104	Green	Wille	AND	
City June State	Zip C2 9/9	City	Green	State //	Zip 02 9	118
8. LIST ALL DIRECTORS (NAMES AND ADDRES ("X" BOX FOR ATTACHMENT)	SSES). RHODE ISLAND	<del>·                                      </del>				(
Director Name		Director Name				
G. BoTelha			5. UC	<u>^</u>		
Street Address	11. 12. 1	Street Address		,		
Contract Con	7/ /4// ·	109	GIETOM	10000	19110	
City Johnston State	C2919	Joh,	Geerne nsteer	State	C291	19
Director Name  D. McDous		Director Name		<u> </u>	I	
Street Address		Street Address			25	2.7%
104 Greenville	A11				=======================================	공실
City Johnszon 175	Zip 629/9	City		State	ZIP VILLE	
9. REGISTERED AGENT IN RHODE ISLAND		<u> </u>		<del>***                                  </del>	~	33
This information is currently of record in the Office of the Secretary of State. Changes require filling Form 641.						
This report must be signed by either the	President, Vice-Preside	nt, Secretary, Assis	stant Secretary, Trea	surer, Receiv	er or Trustee	25
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	FILED	Under penalty	of perjury, I declar	e and affirm	that I have ex	camined
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		Don't or Time No	ame of Officer			
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