

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

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE

1. Entity ID No.	2. Exact name of the Corporation					
11111111111	1	10 1 100 = 1	1.101	1 .		
147764	Action he lalen	f Search Associate	in/Stu	dents	2	
3. State of Incorporation	4. Brief description of the character of b	usiness conducted in Rhode Island	a Adda	rato		
R.I	Elderly youth &	mostic Migh Aller	shoot fr	ogrand	ti all	
5. Principal office address (16 Miller Auen		Providence.	State RT	Zip 296	25	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)						
	mis	Vice-President Name	Savie			
<u> </u>	e, Sude 1A	Sheet Address / Lev Au	e, sto	1A		
City Providence	State RI Zip 02905	Providere 0.	State RT	Zip 29	os	
Secretary Name Bendu Ma	Saguoi	Treasurer Name AZMINE SA	miles	1 <u></u>		
Street Address 11 ev A	fue, sto /A	Street Address, 16 Miller Ave	2, 8to 1	A		
city providence	State Zip 29.05	City Providences	State	Zip 0290	5	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)						
New es.	Francis		avice	- Anne Carlotte Control of Control		
Street Address, 16 Miller A	ve, Ste 1A	Street Address	2,810,1	'A-		
MVi derels	State RI DZG05	Pridere	State RT	Zip OZG	<u> </u>	
VVIVIO	wile	Director Name		JU		
Street Address 16 MUILEN	Auc, Sto 1A	Street Address		1126		
from dend	RI 82905	City	State	Zip		
8. REGISTERED AGENT IN RHO		Name of the second second		Carlo Jan B	-	
his information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					~	
This report must be signed by eithe or Trustee	r the President, Vice-President, Secretar	y, Assistant Secretary, Treasurer, duly	Authorized Rep	resentande,	Receiver	

File Date	FILED	 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. 	
By:	JUN 2 6 2014	Signature of Officer or Authorized Representative Date	
FOR SECRETARY OF STATE USE ONLY	an 227305	- Nellie S. Francis-Prosidant	
Form No. 631	•	Print or Type Name of Officer or Authorized Representative	

Form No. 631 Revised: 04/2014