

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				
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147764	Action he salen	f Search Associate	in/Stu	dents	?
3. State of Incorporation	4. Brief description of the character of b	usiness conducted in Rhode Island	o Adda	rato	
R.I	Cherry youth &	mostic Migh Alle mogrand, Education	chool fr	ogrand	tjall
5. Principal office address (16 Miller Auen		city providence.	State RT	Zip 296	05
	S AND ADDRESSES) ("X" BOX FOR AT		2000年2月2日	计图 起分离	的關鍵所
	mis	Vice-President Name	Savie	0	
<u> </u>	e, Sude 1A	Sheet Address 16 Miller Au	e, sto	1A	
City Providence	State RI Zip 02905	Providere os	State RT	Zip 29	os
Secretary Name Bendu Ma	Sagrioi	Treasurer Name AZMINE SA	miles	l <u> </u>	
Street Address // EV A	Aud, Sto /A	Street Address, 16 Miller Ave	2, 8te 1	A	
city providence	State Zip 029.05	City Providence	State K.Z.	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)					
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Street Address, 16 Miller A	ive, Ste 1A	Street Address	2,810,1	'A-	
phviderels	State RI DZG05	Pridere	State RT	Zip OZG	5
VVIVIOIDIO	wile	Director Name		J	
Street Address 16 MILLEN	Auc, Sto 1A	Street Address	-	N 26	
from dend	State Zip 8290\$	City	State	Zip -	
8. REGISTERED AGENT IN RHO		Name of the second second		CMEN (### E	69/21/2
This 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	resent átiv e,	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