

1. Entity ID No.

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 3014

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

2. Exact name of the Corporation

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

69174	Bouray	2 Hill Cor	linuro Cox	adonin iv	n Hema	Assocition
3. State of Incorporation	4. Brief descriptio	n of the character of bu	siness conducted in	Rhode Island		
RI	Cond	c Associ	atron			
5. Principal office address	1		C**		State	Zip
724-728 Benery	1311 1200		Paulock	(e)-	RI	02861
8. LIST ALL OFFICERS (NAMES	AND ADDRESS	ES) ("X" BOX FOR AT			· · . · . · . ·	
President Name Janua Fagen			Vice-President Name Strant Licker			
Street Address 724-728 Beveryo Hill Auc			Street Address 724-728 Beverage Hill Ave City D State Zip			
Pant	State RT	Zp 03861	City Paut		RT State	Zip 02861
Secretary Name			Treasurer Name			
Estelle Gardne	Shinat Lician					
Street Address	. 11 11	Λ.	Street Address	ю.	11.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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City S	STERRE 12°T	02861	City		State	Zp
lawi		1	Paut		<u>L</u> T	02861
7. LIST ALL DIRECTORS (NAMES ("X" BOX FOR ATTACHMENT)	S AND ADDRES:	SES). RHODE ISLAND	CORPORATIONS I	NAST LIST NO LI	ESS THAN T	HREE (3) DIRECTORS
Director Name		· ·	Director Name			
Strant Lich			Estelle	Gerdner		
Street Address			Street Address	cormu		
	- HII A	رو ا	724-728	Beueron	LA A	,
City Is	itate T	Zin	City	Beverage	State	Zip Zip
Part	RI	02861	Parent		RI	03861
Director Name			Director Name			100001
Vania Facas	Gerry Bus	chu Bach	ner			
Street Address			Charles A Markey			· · · · · · · · · · · · · · · · · · ·
724-728 Beveray	e Hill	Ave	724-728	Beverezo	Hill A	افي ا
City	tate	Zip	724 - 72-8 City		State	Zip
Paut	RI	19840	City		RI	02861
8. REGISTERED AGENT IN RHOD	E ISLAND					
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 either or Trustee	the President, Vi	ice-President, Secretary	, Assistant Secretary	Treasurer, duty A	uthorized Rep	oresentative, Receiver
		FILED				
		, iff				hat I have examined
File Date	***************************************	HOU	this report, inclu	ding any accomp	anying sche	duies and statements,
Charle Ma		NUV 25 20	L and that all state	ments contained	nerein are tr	ue and correct,
Check No		11.3				
By:		0755 M	السارير_			11-23-14
			- Signature of Office	er or Authorized Re	epresentative	Date
FOR SECRETARY OF STATE US	E ONLY		C (
				Licken		
Form No. 631			Print or Type Nam	e of Officer or Auti	norized Repre	esentative
Revised: 04/2014						