

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 2015

Filing 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

	TO WILL THE GOLD IN A \$20,00 T LNALT I FEE,
1. Entity ID No. 2. Exact name of the Corporation	
1,-91	
11 L+408 14F (4,10,40)	Dusiness conducted in Rhode Hand
3. State of Incorporation 4. Brief description of the character of	business conducted in Rhode Hand
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1 X . / . / . /	0
JAHYER ()	ROUP
5. Principal office address	City State Zip
33, HETMA 21	16: FALCE 12.11028/>
O, LIST ALE OFFICERS (WAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)	
President Name	Vice-President Name
SHYD AMMUHADE	MICHEAL ERIONEZ
Street Address	- Street Address
SS, HE / WH //	VI WASHINGTON SI
City FM//e State Zip	City State Zip
C- FH (19 9 1 - 1 0 2863 Secretary Name	CIFALLS 8:102860
AYODELE AREOLA	Treasurer Name
Street Address	
20, HOPKINS 57	Street Address
City D State Zip	Ch
VROU. K-1 07866	City State Zip
("X" BOX FOR ATTACHMENT)	D CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS
Director Name	Directgr Name
ADERONEKE ODERINETE	DERTY VEAL
Street Address	Street Address
26 Westington 2+	22 Dollar Con 6 -
City States Zig	City Sigle Zip
C. tulla K'L 102861	Frankler R. I D
Director Name	Director Name
-RIDAY HISACOSONHI	
Street Address,	
10, thing 5/	Street Address
City State Zip	City State Zip
1000 eggs 10168	
8. REGISTERED AGENT IN RHODE ISLAND	
This information is currently of record in the Office of the Secretary of	f State. Changes require filing Form 641.
This report must be signed by either the President, Vice-President, Secreta or Trustee	ry, Assistant Secretary, Treasurer, duly Authorized Representative, Receive
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	3 1.1
FILED S	Under penalty of perjury, I declare and affirm that I have examined
File Date	uns report, including any accompanying schedules and statements
Check No.	and that all statements contained herein are true and correct
Check No MAR 0 5 2015	Marked M.
By: 4. 24.0.05	HM876 June 18 518-16
FOR SECRETARY OF STATE USE ONLY BY CA 24383	Signature of Officer or Authorized Representative Date
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Form No. 631	Print or Type Name of Officer or Authorized Representative