

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Providence, RI 02904-2615 2015 401.222,3040

Filing Period: June 1 - June 30 • Filing Fee: \$20.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-594, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

penally fee of \$25.00.	<u> </u>		-	•	y (2 min 4 m	2. 7 0 71) is subject to u
1. Corporate ID No.	2. Name of Corporation	. , ,	-	-		
539802	4005	HISTORIC.	AL 500	IETY		
3. State of Incorporation		Rhode Island - Street Addre	NS .		City	Zip
R, \mathcal{I}	304 No	ORTH ROA	Δ		HOPE	R.I.
5. Foreign corporation. Enter p	rincipal office address		City		State	Zip
						l '
6. Brief Description of the character	er of the affairs which are a	ctually conducted in Rhode I	stand To ab	tain i	dentile a	Assas no
. //		, pertaining	2 to the	Ristary.	of the tri	elace
7. NAMES AND ADDRESS	which have	CACCALACTES: ("X" BOX FOR ATTISE	areas.	I	0	- Lings
President Name		o. (A BOATOR ATTAC	Vice President No	L IN SPACES B	SEFORE USING ATTA	ACHMENTS
DAVID EL	LINGWOOD	> Sr	1 1	ume YMONA	Ragan	1
Street Address	A	<i>j</i>	Street Address	YMONI	BORDEN	/
23 NAKK	INGTON AN	E.	216	(1)654	OH ROAD	
City 11	State R. T	Zip A.O. O.O.	City		State	Zip
NOPE	<u> K.J.</u>	02831	VORTH SO	ITUATE	R.T.	02857
Secretary Name	< / A	الماء	Treasuryr Name		//	· · · · · · · · · · · · · · · · · · ·
Street Address)	SILVERMY	4 N		ERINE	MACDON	1410
1 NOOSENE	ECK 16:11 K	0,111	Street Address	11		
City	State	Zib	City 1	NORTH		
W. GREENWICH		02817	Hop.	ت	State P	02831
8. NAMES AND ADDRESSE	S OF THE DIRECTOR	RS: ("X" BOX FOR ATTA	CHMENT) TEIL		EFORE USING ATTA	,
THE NUMBER OF DIRECT	ORS OF A DOMESTI	C (RHODE ISLAND)	CORPORATION			CHMENTS <u>EE</u> (3). R.I.G.L. 7-6-23
Director Name		_	Director Name	222222 1107 1	LESS IHAN IHK	<u>EE</u> (3). K.I.G.L. 7-6-23
DAYID ELL	-IN6WOUT	> Se.	RAV	MONIN	BOKDEN	
Street Address	1		Street Address	110000	JOKDEN	
23 HANRI	NGTON A	VE.	216	(1) 05 cm	TT ROSS	
Cuy	State R. T	Zip , C ¬	Cit)	7	State	Zip
Director Vanue	<u> </u>	02831	VOITH Je	JUHT 5	R.I.	02857
ATHERINE	Mxc De	.14	Director Name			
irect Address	Trixe De	NALD	ARTH	UR LA	NG LA 15	
304 NOR	+4 801	_	Street Address			
Thy I say	State 1	Zip	City	ESERVA	LTION DRI	VE
Hope	$ \mathcal{K},\mathcal{I} $	02831	Hope	<u>e</u> -	At.	0283(
. REGISTERÉD AGENT IN	RHODE ISLAND	•		/	, -,,	1000
This information is currently a	of record in the Office	of the Sacratom of Sec-	Change	. C1	//	
This information is currently of						
This report must	be signed by either th	ie President, Vice Pres	ident, Secretary.	Assistant Secre	etary, Treasurer, Reco	eiver or Trustee

		Under penalty of perjury, I declare and affirm that I have exam report, including any accompanying schedules and statements, an	nined this
File Date		statements contained herein are true and correct. Atherine Mas Donals 6/2/	/1z
Check No.	FILED	Signature of Officer	ate
Ву:	WIN 0 . 004F	CATHERINE MACDOWALD Print or Type Name of Officer	
FOR SECRETARY OF STATE USE ONLY	JUN 04 2	Treasurer	
EV	- WY	Title of Officer Form 631 Re	ev. 09/17