

## 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 2012

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

Filing Fee: \$20.00 · FA	ILURE TO FILE T	THIS REPORT BY J	ULY 30 WILL RESULT IN	A \$25.00 PENALTY F	EE.	
1. Entity ID No.	2. Exact name of	the Corporation		-		
0005/3309	FYNGH	2010 May	To Regina	LITTED SA	HARALDE	11
3. State of Incorporation	4. Brief description		usiness conducted in Rhode		11	
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R.J.	Victims	, and fam	illes of 1936	0-1961	<b>4</b> 00	
	llatin st		Prov	State	Zip € 2907	
6. LIST ALL OFFICERS (NAM	ES AND ADDRESS	ES) ("X" BOX FOR AT		7	ज द्वा	
President Name	TO123		Vice-President Name	MANT SI	と多い問題	
Street Address	At NO	27	Street Address	Totion 1	2 to 15	
PROV.	State	202907	City DRO	State	02907	
Secretary Name  (NY 45515)	art no	3	Treasurer Name History	mant the	26	
Street Address	AtiN D	7	Street Address	SATING	2P	
City ROV.	State I	210 2907	City PROV.	State	22907	
7. LIST ALL DIRECTORS (NA	MES AND ADDRES	SES). RHÓDE IŚLANI	CORPORATIONS MUST	LIST NO LESS THAN TH	REE (3) DIRECTORS	
Oiregtor Name /	<u> </u>		Director Name			
Victory MAI	TSIES	<b>5</b>	Director Name	MARTE	1157	
Street Address	FIN G	) (	Street Address	(ATIN Q	7	
PROV.	State J.	2007	City ROV.	State	<sup>Zip</sup> 02907	
Director Name	,	• , ,	Director Name	Mart	12527	
Street Address			Street Address	TotiNA	7	İ
City	State	Zip	City PROV-	State	Zip 2907	
8. REGISTERED AGENT IN RE	William To Committee Andrews with	enfortens barrio barditalme it mint different and and		nameni en i en i	de comprese de la comprese	
This information is currently of				<del></del>		
This report must be signed by eli or Trustee		i FDA		urer, duly Authorized Rep	resentative, Receiver	
		ar 2015 12.5	5			
	NUL	() S ZUID 1	Under penalty of perjur	y, I declare and affirm th		
File Date		-1224	and that all statements	ny accompanying sched contained <del>borein are</del> tru		
Check No	WEN	05 2015 12:5°	1/ist/	Manh MI	e and correct.	1201
By: Charles and the same and the			Signature of Officer or Au	uthorized Representative	Date	
FOR SECRETARY OF STATE	USE ONLY		Violan.	MARTEN	10,3	
Form No. 631 Revised: 04/2014	er e vere e e e e e e e e e e e e e e e		Print or Type Name of Of	flicer or Authorized Repre	sentative	