

## 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

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.

1. Entity ID No. 2. Exact name of the Corporation	iberlan Communities.
883776 Havicacy Un	ion of Rhode Island Langue
State of Incorporation     4. Brief description of the character of	business conducted in Rhode Island To Add to the Conducted Island To Add to the C
RI TOUSSIST MIGHEN	2 In Adjustment of New D
5. Principal office address 807 Broad Strice Ste 213 Box # 28	state RI 2102907
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR A	
President Name New es Francis	Vice-President Name KW Stop W Samue
Street Address Broad Smoot, Sto. 21	3 Son Broad St, Sto 213 Box 42
City Providere State RI 210 02907	City Phrudero State Zip OZGOT
Secretary Name  Salvice A.M. Salvice	Theres N. Francis
Street Address BOT Broad St, Ste 213	Street Address Bruel St, Ste 213 Both
City Providere State RI D2907	City Anvidana State RI 2102907
	ND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS
Wellie S. Frankis	Director Name The Cross N. Frankis
Street Address Broad St. Ste 213 150	801 1500all ST Ste 213 19XH
Director Name  City Round dor O State   Zip 2900	City Avvidere State Zip 28
Street Address Street Address Sava O	Director Name
800 1840ac 8+, 8te, 213	Street Address
Mondey RT 0290	Y City State Zip Scare
8. REGISTERED AGENT IN RHODE ISLAND	
This information is currently of record in the Office of the Secretary of	
n is report must be signed by either the President, Vice-President, Secret or Trustee	ary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver

Salari kurturat serikan silah dan serrengan berah dan dan ber	R¥	linder penalty of parityry I dealers and office that I have account	
File Date		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.	
Check No.	FILED	Jahren Gul	'/_ ?@// _
	JUN <b>10</b> 2015	Signature of Officer or Authorized Representative Da	1-5015 te
FOR SECRETARY OF STATE USE ONLY  By	250624	Nellie, S. Franzis	
form No. 631 Revised: 04/2014	1/4/	Print or Type Name of Officer or Authorized Representative	····