

1. Entity ID No.

STATE OF RHC JE ISL ND AND PROVIDENCE PLANTATIONS Office of the 5 scretar of State - Division of Business Services

148 W. River Street, Protidence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.n.gov ~ Website: www.sos.n.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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.

Entry 15 No.	\mathcal{L}
70317 (LITIZEDS (D	OCERNED About (asino Gambling
State of Incorporation 4. Brief description of the character of t	of business conducted in Rhode Island ADOUT Jambling DUDITE about Jambling
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16/1 not 100 ile 0/1001	an farial a Campania constitue
15/WD 400/12 2/1803	on Social + economic conditions
5. Principal office address	City A/2 / O. O. State Zip
20 SCHOOL DI.	16000K) KI 02840
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)	
President Name	Vice-President Name
Elizabeth IABER	FRANK KAY
Street Address	Street Address
2 HURRISON ITVE.	228 SPRING ST.
City State Zip Zip	City Zip Zip Zip
I KUNDAL KIL OCOYT	5 / 1000000 1 12-4 102040
Secretary Name	Treasurer Name
LHURICE SHTU	KIK SEE MICHAN
Street Address	Street Address
66 MIKI) 01,	20 JUDOL 01.
State Zip	City 01-000 T State Zip State
rufter Let 160 KC	1 / MUDOR (F-1 02090
7. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). FIHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)	
Director Name	Director Name
6-1120 boxb 10 bol	FRANK KAU
Street Address	Street Address
2 Hanison Hal	228 DORING DI.
PORTORT STATE DESTA	City Zip State Zip 40 — XII
	1 KW/OK! 1C4 02090
Director Name	Director Nagre
MUNICE STITUS	KIKI JEE MEMAAAN
Street Address	Street Address
Charles Tin	20)(1)002)1 ,
State T Zp ZD ZD	State T No Sky
PERIODER ASSISTED ASSISTANCE IN AND	1 VIEWICKI EL 020FU
8. REGISTERED AGENT IN RHODE 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 the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee	
	Under penalty of perjury, I declare and affirm that I have examined
File Date	this report, including any accompanying schedules and statements,
Cheek No.	and that all statements contained herein are true and correct.
Check No	KIKE VILL MUMILIAN 6-29-15
By:	Signature of Officer Date
	KILL DLET INCIDAHANG-29-1
FOR SECRETARY OF STATE USE ONLY	Pfint or Type Name of Officer
JUL 0 !	200 A C O O
Form No. 631	
Revised: 05/2012	Title of Officer
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