

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 ___ 201/

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

Filing Fee: \$20.00 · FAIL	URE TO FILE T	HIS REPORT BY JU	JLY 30 WILL RE	SULT IN	A \$25.00	PENALTY F	EE.		
1. Entity ID No.	2. Exact name of	the Corporation	- t				<u>.</u>]
26484	Holy To	emple (hris	آده ر	<u> </u>	Cen	ter	$\overline{}$	
3. State of Incorporation	4. Brief description	n of the character of bo	usiness conducted	in Rhode I	sland / '		1 Pc	~ 	1
\mathcal{L}	Lengine .	-arsing	ation Po	rosy	l a 113	sings "	on "	01(1	
	Tund	21012							
5. Principal office address	tithea	<u>St.</u>	City Prov	nde	nce	State	Zip O \	907	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)									
President Name RUIE / W.	Brou	on Ph.D.	Vice-President N	CY	<u>Sm</u>	uth	 .		
Street Address Kenwa		- '	Street Address	<u>Cha</u>	ust	en S	<u>st.</u>		
Cranston	State T	^z 32910	Prov	den	ce	State KI	Zip	907	
Secretary Name	Jeal		Treasurer Name		Br	0 W Y	<u>`</u>		
Street Address Frosect	-St.		Street Address	5/e	10	Ave	1		
City	State 7	^{Zip} 02910	City	uck	ot	State	Zip	3460	
7. LIST ALL DIRECTORS (NAME ("X" BOX FOR ATTACHMENT	S AND ADDRESS	SES). RHODE ISLANI	CORPORATION	IS MUST I	JST NO L	ESSTHANT	HREE (3)	IRECTORS	
Director Name Daniel	W. Bro	own, Ph.D.	Director Name	ryl	Si	nith			
Street Address	E		Street Address		MΛ¥	<u></u>		201	ွှ
City	State	Zip	City			State	Zip		ECR Z
Director Name	Meal		Director Name	7	31	OWV	1	3	
Street Address	•		Street Address		 			70 6	50 <
City SOW	State	Zip	City	-21	M -	New -	77:	<u>=</u>	577
City	Diale	12.10	Ony			CHEIG	Zip	72:	₽X C
8. REGISTERED AGENT IN RHO								- 6	777
This information is currently of					_]
This report must be signed by either or Trustee	or the President, Vi	ice-President, Secreta.	ry, Assistant Secre	tary, Treasi	urer, duly i	Authorized Re	presentativ	e, Receiver	
		Ellenc							
		FILED	Under penalt thi s teport, i r	y of perjur neludinovar	y, I declar	e and affirm	that I have	examined	
File Date		4AR 0 3 2016	and that all s	tatements	containe	herein are t	rue and co	rrect.	J
Check No		THAT 9 3 20.5	1/	// /		\supset \sim	0		
By:	BY/),	260223	Signature of C	Officer or Au	ithorized 5	Seprementative		Date	-
FOR SECRETARY OF STATE L	12:00:200	1.10	The state of the	. AL	I A	1) A (
		12:59	Lan	101	<u>VV.</u>	<u>) (</u>	$\frac{\mathcal{O}}{\mathcal{O}}$	<u> </u>	-
Form No. 631 Revised: 04/2014			Print or Type I	varrie of Of	nder of Au	morized Repi	esentative		