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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year:	7015
Non-Profit Corporation	

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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-> Penalty: Additional \$25.00	lee ii loilli is not mod by t						
1. Entity ID Number	2. Exact name of the Corp	ooration	oarlais	POST 88	dub	•	
105243	Beruien	رع ر	(1)	ndusted in Phode	Island		
3. State of Incorporation,	4. Brief description of the Vet eran S	NUM	U- Prof	T(6mm)	nu OFACE	in/Zation	
5. Principal Office Address	1	(City ANY 15	ville	SET	Of530	
				Chec	k the box to indic	ate an attachment	
6. List ALL officers (names and a President Name Pona C			Vice-President Na	Po ρ Ζα	RHN		
Street Address 10 56 mT	<i>^</i> . '	-	Street Address	65 CAMI	DELE F	20	
City HAVVISUILLE	State PT ZipOlf	30	City PASCO	Ay	State	Zip 01859	
	A PECK		Treasurer Name	PALMON	d A. Fur	1 tenaut	
Street Address /000 S. /			Street Address	701 508	Lin 20		
City PASCO AS	State PI Zio 18	· 1	City HAVV15		State RJ	zip 01830	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Pichapo	E. PECK		Director Name	60198			
Street Address / 000 5 M			Street Address	40 El	m RD B	30x 96	
City PASCOA9	State PJ Zip Od 8	559	city blen	dale_	State 7	Zip 01816	
Director Name Richard	Phyerra		Director Name				
	RAIRONS AVE	-	Street Address		12	7in	
city HAMISUILLE	State RI ZipOs	530	City		State	Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.							
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and							
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Representative KAMMAL THINAYE Date Date Date Date							
Signature of Officer/Authorized Representative							
SIGN DOSSUFFEE							
		//			nc-		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

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