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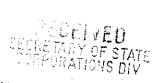
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **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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Entity ID Number	2. Exact name of the Corporation					
000130430	China Adoporba With Love					
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island					
MÁ	international adopaton					
5. Principal Office Address			City	State	Zip	
1020 Main Street			Pawtucket	KI	02860	
6. List ALL officers (names and addresses) Check the box to indicate an attachment of the box to indicate an attachment o						
President Name Paw Sawvey			Vice-President Name Susan Mc Gui			
Street Address 251 Havvard St. # 18			Street Address 25 1080 Main Strat			
City Brookine	State	2 2446	city Pawtuelcet	State D î	Zip 02860	
Secretary Name Lillian Zharf			Treasurer Name Stephen Shechtman			
Street Address 251 HAVVATU STELL \$18			Street Address 19 80 Main Street			
city Brookline	State MH	Zip 02446	City Paulticket	State Ri	Zip 02840	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.						
Director Name			Check the box to indicate an attachment			
Street Address			Street Address			
City	State	7:	0.4	Ta: T	12:	
	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	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 statements, and that all statements contained herein are true and correct.						
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 Date						
		Lillian	Thous	81161	voit.	
Signature of Officer/Authorized Representative						
SIGN MACUMENTAL BERE						

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 1 6 2016

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