

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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1. Entity ID Number		of the Corporation	$^{\text{on}}$ C $\sim 10^{-1}$	1	7. AM	OF THE STATE (
30789	TAIN		"GRAND (ODGE, F	*HM	RHODE ISLAN
3. State of Incorporation	4. Brief descri	ption of the chara	cter of business condu	ucted in Rhode	S Charelet	OMMITTED TO
R.I.	MEUD	197 LLV	YOUTHS, TAW	TIVES AX	DO COMM	1UNITIES
5. Principal Office Address	/ ~-		City	s	State	Zip
883 EDD	y 57.		PROV.		A.T.	02905
6. List ALL officers (names and	Check the box to indicate an attachment					
President Name ChINTO	Nh.	ONES	Vice-President Name	TAINCE	ALI	D (REID)
Street Address 39 MUST	I'C STI	reet	Street Address 7	7 DIX	WELL	AVE
City PROU	State R. I	Zip	CityCLANST	TON S	\mathcal{L}, \mathcal{I}	Zip
Secretary Name The Select Ly	745 J	P_	Treasurer Name	DNATH	AN M	HURT
Street Address SALLATIN	7 57	1	Street Address 130	P FARN	11NGTO	N 4VE. 7/39
CityRa	900	519 9 TD	City CRAWST	ON s	tate Rエ	Zip 02920
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Discours Norman	<u>-</u>		Director Name	Cr	eck the box to	indicate an attachment
Director Name William B Taylor			Director Name Thomas Wallace			
Street Address 140 W+h ST			Street Address 134 ARHOLD AVE			
City Prod	State —	₹ 202926	City		tate	Zip 62905
Director Name	7	104/00	Director Name	TOU	12.1.	02-303
Louis Stice						
Street Address 754/3roads+			Street Address			
Oravidence	State RI	Zip 02901	City	S	tate	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						
Chiston & DNU/Clinton L. Jones 11/9/2016						
Signature of Officer/Authorized Representative						
(birthe dens SIGN DOCUMENT HERE						
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 1 0 2016

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FORM 631 - Revised: 05/2016