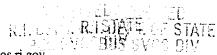
RI SOS Filing Number: 201743503870 Date: 5/24/2017 4:00:00 PM



## 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

Filing Period: June 1 - June 30 · This report must be typed or printed legibly. Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

·					<u> </u>	
1. Entity ID No.	2. Exact name of	the Corporation (	sia Hiniste	HOEVANGE	istico sulet-	
931975	/ (delete	4. VIVETAY	Key vive	V		
3. State of Incorporation	4. Brief description	of the character of bu	siness conducted in Phode I	Island /	· + - 2.6/4	
Dhal-Tshood	Coutolbu	te 10 the 40	isiness conducted in Phode FWATION OF MI	oral and sp	isilo di valve	
KhodeIsland	of men, women and		I children in the community.			
5. Principal office address	L		City 1.1	State	Zip	
101 Main St			West Warwic	KIKY	02893	
	S AND ADDRESSE	S) ("X" BOX FOR AT				
President Name			Vice-President Name Frini A. Dominica			
Street Address, 237 Elmwood Av			Street Address 34 Cedar R.V.			
civ Providence	State \	07907	City Wat Wat	State T	Zip 7893	
Secretary Name			Treasurer Name		10015	
HEXAE DIA	2		Trocsvin	da Mogu	ete	
Street Address  23 Batty Kon	1 Apt. 2	l	Street Address 3Barry K	oad Apt.	2	
Bovidence	State 7	07909	Providenci	State	2ip 07909	
7. LIST <u>ALL</u> DIRECTORS (NAME ("X" BOX FOR ATTACHMENT		1 (C. 1 / 1	CORPORATIONS MUST	LIST NO LESS THAN T	HREE (3) DIRECTORS	
Director Name / /			Director Name			
JOSE A POPONCO	5		Adelia Bru	M		
Street Address 38 Carter			Street Address	St.		
Hovidence	State	Zip 7907	West warning	k State	Zip 07893	
Director Name  Para 4 S Park	27000		Director Name			
Street Address	urico		Street Address	······································		
38 Cortex Ca	ter					
Hovidence	State T	<sup>Zip</sup> 2907	City	State	Zip	
REGISTERED AGENT IN RHO	DE ISLAND				_L	
This information is currently of r	ecord in the Offic	e of the Secretary of	State. Changes require fili	ng Form 641.		
his report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver						
r Trustee		·	•	•	· ,	

File Date  Check No  By:  FOR SECRETARY OF STATE USE ONLY	FILED MAY 24 2017	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.  Signature of Officer or Authorized Representative  Date	(
FOR SECHETARY OF STATE USE ONLY	m my	Luisa Dominici	
Form No. 631	$\wedge \cdot 0$	Print or Type Name of Officer or Authorized Representative	
Revised: 04/2014	MA		