

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

→ Filing period: June 1 - June 30

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

2017 HIH 12 PM 1:08

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1. Entity ID Number 4 8 5786	2. Exact name of the Corporation Literal	edrang Collaborat	jve
3. State of Incorporation Node 15244 4. NAICS Code	House materi	of business fonducted in Rhode Island Courts with Uneda Ming - Classes, lection	apportenties
624190 Events ()			
6. Principal Office Address 25 Kenwat	h Way	Powticket su	RI ÖZEW
7. List ALL officers (names and addresses)		Check the box to indicate an attachment	
President Name San Shahaan		Vice-Presidential ame	
Street Address 200 Excl 219	rest, Apt 1117	Street Address 75 Kenlaux	fhlloy
city Providence	State RT 202903	city travidence sta	TERI ZIO ZEGO
Secretary Name	OPPE	Treasurer Name Demis Ho	JUM
Street Address 300 From	#506 #506	Street Address	
city Pautocket	State RI Zigo 2260	city travidence sta	tteRI
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment			
Director Name Ham Ham	Hlea	Director Name Marka Cus	Sec
Street Address 117 Event Ave		Street Address 50 Cannully) hue	
city travdence	State RI Zino 2906	City CASON Sta	tle RI 210 0 2 905
Director Name Marsha Cara		Director Name Carrence Hurst	
Street Address ZB Codo	Rock Koad	Street Address 333 Atuel	Hre #211
city N. Kungstown	State RI Zipo 7.852	City Travidence Sta	10 RT 210 2903
9. Registered Agent in Rhode Island	f. This information is currently of record in	n the Department of State. Changes require	illing 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, duty Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Repres	entative ansea - Vice Presi	dent Da	6/12/17
Signature of Office VAuthorized Representative			
MAIL TO:		FILED	
Division of Business Services			
148 W. River Street, Providence. Rhode Is Phone: (401) 222-3040 Website: www.sos.ri.gov	รเลกญ บ ZMi)4-/ /คำค	JUN 12 2017 BY Ch 305787	FORM 631 - Revised: 05/2017
-		305781	-
		BY_	

Litelang Learning Collaboratione - ID No 485284 Additional Directors: Lois Kenp 16 Lantem Lane San Ventres & Etho Drive Barrington, RI 02806 Barrington, RI 02806 Robert Martin Kathy Webster 300 Front St., Apt#201 r Cedar Meddaus Kd Poutocket, RÍ 02860 Smithfield, RI 02917 Wanay Nbuck Michael Webster Cedar Meadais Rd 60 Rldge St. #2 Pautocket, RI 02860 SAHARON, RI 02917 Linda Shamoon 200 Exchange St., Apt 1117 Providence, RI 02903