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Revised: 04/2014

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	
	ET 30 WILE HESSET REAL PLANTS
Entity ID No. Z. Exact name of the Corporation	() N 670
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3. State of locorporation 4. Brief description of the character of but	siness conducted in Phode Island
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March 1 Jen 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Consider the Consideration of the Constant of
of the enjection.	City State Zip Q1/2
5. Principal office address	City Change State 7 Zip 2840
NO JENOOL 21.	WENDOW!
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) Vice-President Name	
President Name h h h h	Joan V Vall
CN CALLY COND	Street Address
Street Address Jucklazman (1990)	27 X SPRING ST
City / State Zip	State - Zin
12 102842 102842	Deliport 127 02890
Secretary Name	Treasturer Name
The Enciety	Will Malall
Street Address /	Street Address
27 Young 51	20 JUHOOL 21.
City Zip Zip	City Zip Zip
PORTHMUTH RL 02871	/ RWINKT F+ 02010
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS	
("X" BOX FOR ATTACHMENT)	
Director Name 2 /// On An O	Director Name
6/12hoeld Succes	Street Address
Street Address Dulkon Wall	778 Appine SI
O TO COLOR OF THE COLOR	City State Zip O//
City Model Atrico State Zipoz 8/2	7/11/2000 TEZ 02892
Director Marne	Director Name 100 1
Hon Bruen	11/1/KI Men anak
Street Address /	Street Address
27 Young OT.	20 School 06
State Zip 87/	City State Zip X(A)
HAVIGORUM 121 02011	TRUDONS KI DEDTO
8. REGISTERED AGENT IN RHODE ISLAND	
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.	
This report must be signed by either the President, Vice-President, Secretar	y, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver
or Trustee	
	Under penalty of perjury, I declare and affirm that I have examined
File Date	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
er tre	, , , , , , , , , , , , , , , , , , ,
Check No FILED A	1/0/1/0 9/00 Wilmakan 6-25-17
By:	Signature of Officer or Authorized Representative Date
BIAL 2 7 2017	~ 1 ~ 1
FOR SECRETARY OF STATE USE ONLY JUN & 1 2011	U.V. SLEET MCMAHAN
	Print or Type Name of Officer or Authorized Representative
Form No. 631 BY	Fill of Type Name of Onicer of Admonated Representative