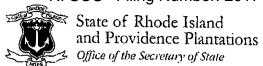
RI SOS Filing Number: 201747334010 Date: 7/13/2017 4:00:00 PM



4 B | William Secretary of State Corporations Division 148 W. River Street

148 W. River Street Providence, RI 02904-2615

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

2, kt 02904-2615 401-222,3040

Filing Period: June 1 - June 30 • Filing Fee: \$20.00' • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

permity fee by \$25.00.					•	
Sale of Incorporation	2. Name of Corporation  A. Corporate address in	3. LAWRENCE	Foundation	# 4845	83	
R. I. 5. Foreign corporation. Enter pri	P.O. Box 58	0,511 Putwam	Pike	Smith Field	02828	
			City:	State	Zip	
6 Brief Description of the character <b>Scholnes</b>		inally conducted in Rhode ish h Yorkh MEMO				
7. NAMES AND ADDRESSE President Name	S OF THE OFFICERS	MENT) [] FILL IN SPACES B	EFORE USING ATTACH	IMENTS		
	PENCE		Mike Roman o			
12 HighVIEW DRIVE			3 CHERRY Blossom LANE			
SmithFiell Secretary Name	RI	02917	Smith Field	State RI.	02828	
Julie ROMAND			GERALD P. HAWRENCE			
3 Cherry Blossom LANE			Street Address 282 WATERMAN ANE			
Smith Field	RI.	02828	Smith Field	<b>P</b> I	02-917	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23						
Donald Reush			Director Name  GREB YOUNG			
Street Address P.O. Box 477			Street Address	11 Zd.		
HARMONY	State RI.	7.ip 02829	Cheracher	State	2ip 02814	
BARRY Stellere			BLACFORD SutcliFFE			
Street Address 12 AppleSEE	1 DRIVE		Street Address ADD/ESET	d DR.		
SM: HFIELD 9. REGISTERED AGENT IN I	State T. RHODE ISLAND	02828	Smil the reld	State RI.	O2828	
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78						
			lent, Secretary, Assistant Secr		i i	

	FILED	
	JUL 1 3 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 berein and true and correct.
File Date	BY O	Signature of Officer  Signature of Officer
Check Na.		Frim or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY		TREASURER Title of Officer