RI SOS Filing Number: 201748637930 Date: 8/21/2017 4:00:00 PM

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 i	f form is not filed t	by July 30.					
1. Entity ID Number	2. Exact name	of the Corporation		-		<u>,</u>	
000 965 400	PRO	SPECT	CONDOM	INIUN	100		
3. State of Incorporation R. I	5. Brief descri	ption of the characte	er of business conduc	ted in Rhode Isl	and	<u> </u>	
200665400	Own	on occo	MED RES	Dont			
4. NAICS Code							
813910	ľ						
6. Principal Office Address	_		City		State	Zip	
19 WEST BER AIR RD			CRANS	TON	RF	02920	
7. List ALL officers (names and addresses)			Check the box to indicate an attachment				
President Name FOE CROSBY			Vice-President Name				
Street Address			Street Address				
City CRANS TON	State R I	Zip 02970	City		State	Zip	
Secretary Name KENRY 1224			Treasurer Name ED TOHNSON				
Street Address			Street Address				
103 C PROSPEC City WEST WARRICK	/ Muc	AVE 7in	City	rospec,	State 22	7:0	
·					State KZ	C2893	
8. List ALL directors (names and a	ddresses). RI Co	orporations MUST lis	st at least THREE dire		ck the box to indicat	e an attachment	
Director Name THE CRUSKY			Director Name TO HAT STON				
Street Address			Street Address C PROSPECT HILL ALE City State Zip 02893				
19 WOST BOZ AIR	State	Zip 02920	City WEST W	Adullie	State 7	Zip 02893	
Director Name KERAY /ZZY			Director Name				
Street Address 103 CPNUSPECT HILL ALE			Street Address				
City WARNI/N	State	Zip 2893	City		State	Zip	
Registered Agent in Rhode Islar	nd. This information	n is currently of record	in the Department of St	ate. Changes regi	⊔ire filina Form 641		
Under penalty of perjury, I decla statements, and that all stateme	re and affirm tha	at I have examined	this report, including				
This report must be signed by either the Pre-				norized Representati	ve, Receiver or Truste	·e.	
Name of Officer/Authorized Repres					Date /	. /	
FOR CR	05154	PRE	SIDENT		7/3	1/17	
Signature of Officer/Authorized Rep	oresentative	<u>, </u>				·	
(but 20	102 hr				V		
MAIL TO:			Ali	E 0 4 0047	<u> </u>		
ivision of Business Services 48 W. River Street, Providence, Rhode Island 02904-2615							
none: (401) 222-3040							
Website: www.sos.ri.gov			BY		FORM 63	1 - Revised: 08/2017	