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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017 Limited Liability Company → Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1.					RECEI SECRETARY CORPORAT	
1. Entity ID Number 000485422		ame of the Limite	PH I:			
3. NAICS Code 813319 5. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island CHARITABLE BUSINESS ACTIVITIES				
6. Principal Office Address 807 Broad Street, Suite 243			City Providence	State RI	Zip 02907	
7. Mailing Address of Limited Liability Company and Name or T Contact Name Alan Hassenfeld			itte of Contact Person Contact Title			
Street Address 101 Dyer Street			City Providence	State RI	Zip 02903	
8. List ALL managers (name Manager Name Street Address	es and addresse	s) of the Limited	Liability Company, IF APPLICA Manager Name Street Address	BLE - DO NOT LIST I	MEMBERS	
City	State	Zip	City	State	Zip	
Manager Name		Manager Name				
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Under penalty of perjury, I	declare and aff	irm that I have e	of record with the Department of Sta examined this report, including	ate. Changes require filir		
Name of Authorized Person ALAN G. HAS			-	Opril 9 2018		
Signature of Authorized Pers	Son L'Vaoser	feld yes	N DOCUMENT HERE		,	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 100 JUS4403°

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FORM 632 - Revised: 10/2017