RI SOS Filing Number: 201864	4557460 Da	ate: 5/10/2018 4:00	0:00 PM	SEC -
	• •	·	HAY	RATE OF THE PROPERTY OF THE PR
			7	RACE ARR
State of Rhode Island and Providence Plant Department of State - Business		delen		3-4-
	Services Dir	/ISION	79	ZO CO
Annual Report for the year:	010		2: -	是多数
Non-Profit Corporation → Filing period: June 1 - June 30			F	LLI.
→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by .	July 30			
The state of the s	July 30.		·	
1. Entity ID Number 2. Exact name of		1		
		wer House		<u> </u>
3. State of Incorporation 5. Brief description	on of the character The 909 be	of business conducted in f	Rhode Island	pread
LIVIOUR ISCUIM IN .	spel hel			`
813/10 and 5	plan her		ty, feed	thehunger
6. Principal Office Address	Cler be	City	,	
87 Athey street		Providence	State	D2907
7. List ALL officers (names and addresses)			Check the box to indicat	
President Name Rev Volentine M	Planmin	Vice-President Name	Adenike A	
Street Address 87 Atthe Stre		Street Address Q	2/	vne Malle
City Providence State RI	Zip (90)	city (amby	State	Zip / / / Ø
Secretary Name	Dlamin	Treasurer Name		W 0 8 9 N 4 9
Street Address		Street Address (X)	demi 91	W 23 K9 4
CityMan Claud State State		062	to stope	well ctat
citymensteld State IX	z1976063	City (9mby	State	46113
o. List ALL directors (names and addresses). RI Corp	orations MUST list	at least THREE directors.	Check the box to ind	icate an attachment
Director Name Jabiva Wwg C	19	Director Name D	Tunion 1	rdeyemo
Street Address Wast-grove Co	wit	Street Address 147	Althorn	1
city Manotreed State TX	zip76063	City 147 Att	State) -	Proy,
Director Name) eals ness Grace (Dlauzin	Director Name (C) W	odava ly	and Domu
Street Address 87 Allhos Show		Street Address	71.0 ·	and ofamus
City Dridera State	Zip 2919	City Mans To	O A State Ty	Zipa (a /
9. Registered Agent in Rhode Island. This information is	1	· · · · · · · · · · · · · · · · · · ·	hannes require filing Form	7/600
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, S			Representative, Receiver or Ti	rustee.
Name of Officer/Authorized Representative	101-		Date	
Signature of Officer/Authorized Representative	NINN	FILED	N/9U	10 20/8
1-3-2-4-19 or Autouvantinised Mehiasalisanis				• / ====

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.rl.gov SIGN DOCUMENTY IN 2018

BY 33 637 5