

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 2018

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.

1. Entity ID No.	2. Exact name of the	he Corporation			
1335070					
			ETWORK		
3. State of Incorporation	4. Brief description	of the character of bu	siness conducted in Rhode Island	1 \$ 5m	voucent
813110	TRAY COLOR	いるからかって	SOLL THE HOSE	ting G	Til souced
RI	ZE WINDER	zs, Procent	mies, & Thronigh	CEG	S CATOLICE
5. Principal office address	0		City Parent Edit	State'	Zip
505 PUBL		<u>-</u>	LEONDEMCE	·	02907
6. LIST ALL OFFICERS (NAME	S AND ADDRESSE	S) ("X" BOX FOR AT			
President Name P.E.V. Dr. W.	ARGURE	7 OLUKBY	Vice-President Name A DEACON INCOR	kynor	= Oukom
Street Address			Street Address	o	_
505 RUBLICEST	REG			Strat	
PROVIDENCE	State	Zip の7-907	PROVIDENCE	State	02907
Secretary Name	<u> </u>	<u> </u>	Treasurer Name		
DEA CO DES	SOYING Z	TOSEPH	SIS OLYLOATOY	NEA	GROTE
Street Address	<u> </u>		Street Address	\	1
163 HENDRIC		, - · ` · · · · · · · · · · · · · · · · ·	206 MESSER		REET
PROVIDENCE	State	2029 OS	PROVIDENCE	State	2ip 02-707
7. LIST ALL DIRECTORS (NAM ("X" BOX FOR ATTACHMEN"		SES). RHODE ISLAND	CORPORATIONS MUST LIST NO	LESS THAN 1	THREE (3) DIRECTORS
Director Name	'/ <u> </u>		Director Name		
1 - \ \ .\			_	\	- uh
10 / 10 / 10 / 10 d	6A (/ 6 t /	C) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Lanzan Lace	(S)	77 W 16079
	GARET 1	O Dukoy	+ 	B K	Chico 791
Street Address			Street Address		CLUCKO79
Street Address	STREE	= 7	Street Address Pursua		Chuko79
Street Address 505 Vursuc Ethou WENCE			Street Address Pursua 505 Pursua City Providence	\$ (12	20 2907
Street Address 505 Vursuc City Director Namo	STREE	Zip D7-907	Street Address Pursua City	\$ (12	Zıp
Street Address 505 Pursuc City Con Utencie Director Namo Sig Olympa	STREE	Zip D7-907	Street Address Pursua 505 Pursua City Providence	\$ (12	Zıp
Street Address SDS VURSUL CHY TON DENCE Director Namo SIG DLUDA Street Address	STREE	2002-907 02-907 ACTS-07E	Street Address 505 Pursua City Director Name	\$ (12	Zıp
Street Address 505 Vursur City Director Namo Street Address 206 MESS City	STREE SIND TOYIN F	Zip OD-907 AC-BOTE TEET	Street Address 505 Pursua City Director Name	\$ (12	Zıp
Street Address 505 Vursur CHY TOUNDENCE Director Namo 814 OLUMA Street Address 206 MESS City Vivery DENCE	STREE SIRE TOYIN FO	2002-907 02-907 ACTSOTE	Street Address City City Director Name Street Address	State	2p 907
Street Address 505 VURSUL City Director Namo Street Address 206 VESS City TREVIDENCE 8. REGISTERED AGENT IN RHI	STORES STORES	210 102-907 ACFOTE TREET	Street Address City Director Name Street Address City	State State	2p 907
Street Address Director Nama Street Address Director Nama Street Address DLUMA Street Address DB MESS City PREVIDENCE B. REGISTERED AGENT IN RHO This Information is currently of	STORES State State State ODE ISLAND record in the Offlice	Zip DD 907 ACSOTE THE T Zip DD 909 ce of the Secretary o	Street Address City Director Name Street Address City State. Changes require filling Form	State State	Zip Not7
Street Address Sirector Nama Sirector Nama Sirector Nama Sirect Address City This Information is currently of this report must be signed by eith	STORES State State State ODE ISLAND record in the Offlice	Zip DD 907 ACSOTE THE T Zip DD 909 ce of the Secretary o	Street Address City Director Name Street Address City	State State	Zip Not7
Street Address Director Nama Street Address Director Nama Street Address DLUMA Street Address DB MESS City PREVIDENCE B. REGISTERED AGENT IN RHO This Information is currently of	STORES State State State ODE ISLAND record in the Offlice	Zip DD 907 ACSOTE THE T Zip DD 909 ce of the Secretary o	Street Address City Director Name Street Address City State. Changes require filling Form	State State	Zip Not7
Street Address Sirector Nama Sirector Nama Sirector Nama Sirect Address City This Information is currently of this report must be signed by eith	STORES State State State ODE ISLAND record in the Offlice	Zip C-S-O TE Zip Zip Ce of the Secretary of ice-President, Secretary FILED	Street Address City Director Name Street Address City 1 State. Changes require filing Formary, Assistant Secretary, Treasurer, duly	State State State Authorized R	Zip Zip Zip epresentative, Receiver
Street Address SOS City Director Namo Street Address City Previous B. REGISTERED AGENT IN RHI This Information is currently of This report must be signed by eith or Trustee	STORES State State State ODE ISLAND record in the Offlice	Zip D2-907 ACTS-0 TE Zip D3-909 ce of the Secretary o	City Director Name Street Address City State. Changes require filing Form ry, Assistant Secretary, Treasurer, duly Under penalty of perjury, I decitation report, Including any according to the second results.	State State State State Authorized R are and affirm mpanying sch	Zip Zip epresentative, Receiver that I have examined nedules and statements,
Street Address SOS VICTOR CHY TOP I DE NCI Director Namo Street Address City VICTOR Street Address A B. REGISTERED AGENT IN RHO This Information is currently of Trustee File Date SC:2 U.1	STORES State State State ODE ISLAND record in the Offlice	Zip C-S-O TE Zip Zip Ce of the Secretary of ice-President, Secretary FILED	City Director Name Street Address City The State Changes require filing Formury, Assistant Secretary, Treasurer, duly Under penalty of perjury, I deci	State State State State Authorized R are and affirm mpanying sch	Zip Zip epresentative, Receiver that I have examined nedules and statements,
Street Address Sirect Address Director Namo Street Address City Cit	STORES State State State ODE ISLAND record in the Offlice	Zip C-S-O TE Zip Zip Ce of the Secretary of ice-President, Secretary FILED	City Director Name Street Address City State. Changes require filing Form ry, Assistant Secretary, Treasurer, duly Under penalty of perjury, I decitation report, Including any according to the second results.	State State State State Authorized R are and affirm mpanying sch	Zip Zip epresentative, Receiver that I have examined nedules and statements,
Street Address SOS VICTOR CHY TOP I DE NCI Director Namo Street Address City VICTOR Street Address A B. REGISTERED AGENT IN RHO This Information is currently of Trustee File Date SC:2 U.1	STORES State State State ODE ISLAND record in the Offlice	Zip C-S-O TE Zip Zip Ce of the Secretary of ice-President, Secretary FILED	City Director Name Street Address City State. Changes require filing Form ry, Assistant Secretary, Treasurer, duly Under penalty of perjury, I decitation report, Including any according to the second results.	State State State State Authorized R are and affirm mpanying sched herein are	Zip Zip epresentative, Receiver that I have examined redules and statements, true and correct.
Street Address Sirect Address Director Namo Street Address City Cit	STORES State State State ODE ISLAND record in the Offlice	Zip C-S-O TE Zip Zip Ce of the Secretary of ice-President, Secretary FILED	City Director Name Street Address City 1 State. Changes require filling Form ry, Assistant Secretary, Treasurer, duly Under penalty of perjury, I decitation report, including any according that all statements contain	State State State State Authorized R are and affirm mpanying sched herein are	Zip Zip epresentative, Receiver that I have examined redules and statements, true and correct.
Street Address Sirect Address Director Name Director Name Sirect Address Director Name Dir	STORES State State State ODE ISLAND record in the Offlice	Zip C-S-O TE Zip Zip Ce of the Secretary of ice-President, Secretary FILED	City Director Name Street Address City State. Changes require filling Form ry, Assistant Secretary, Treasurer, duly Under penalty of perjury, I decident this report, Including any account that all statements contain Signature of Office or Authorized	State State State State State Authorized R are and affirm mpanying sch ed herein are Refresentation	Zip Zip Zip epresentative, Receiver that I have examined nedules and statements, true and correct.
Street Address Sirect Address Director Namo Street Address DIVITION OF NOTE B. REGISTERED AGENT IN RHO This Information is currently of Trustee File Date Check No By: AIR SNOTE SNOTE STANDARD STREET ADDRESS AIR SNOTE STANDARD STAN	STORES State State State ODE ISLAND record in the Offlice	Zip C-S-O TE Zip Zip Ce of the Secretary of ice-President, Secretary FILED	City Director Name Street Address City 1 State. Changes require filling Form ry, Assistant Secretary, Treasurer, duly Under penalty of perjury, I decitation report, including any according that all statements contain	State State State State State Authorized R are and affirm mpanying sch ed herein are Refresentation	Zip Zip Zip epresentative, Receiver that I have examined nedules and statements, true and correct.