State of Rhode Island and Department of State			vision			
Trons.	~				ද <u>ා</u> පො පො	- <b>1</b> 000 -1000
Annual Report for the year: Non-Profit Corporation	701	8			NUL	7333 2002 2002
→ Filing period June 1 - June 30 → Filing Fee: \$20.00					N 29	
→ Penalty. Additional \$25.00 fee if f	orm is not filed by	July 30			A	56₹
1. Entity ID Number	2. Exact name of	f the Corporation			<u> </u>	경기일 전구
001668752	En	1 -	me C	wrel	h . 5	
3. State of Incorporation	5. Brief description	on of the character	of business conducted	in Rhode Isl	and	<i>C</i> 7
RI_	Ser	ving t	te neo	ds o	of the	Commund
4 NAICS Code	Pho	will k	el Ser	in Qs	•	
6. Principal Office Address			City		State	Zıp
1,00,00	rinister	- Street	Provider	100	RT	(1)270BB
7. List ALL officers (names and addresses)  Check the box to indicate an attachment						
President Name Damulola Atin 19pa			Vice-President Name	iunde	2 Akin	daka
Street Address 1828 W	estminis	er Street	Street Address \ Z 2	2 M	Stanions	1 4
City Providence	State RT	ZIP D2909	City Rovedon	J-6	State RT	POPGO PIS
Secretary Name Oluwafi	inke A	Kinlarso	Treasurer Name	Hen	Atin	laba
Street Address / 828 Westminster			Street Address 1828 Westoninister			
City Pronders	State D	POPLO9	City Pranche	es es	State 27	Zip 12909
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.						
Director Name	Mr. I		Director Name		x the box to indicate	an attachment L
Street Address 1000			Street Address 1222 111-1 minds			
City 0 / -		1ster Street	180	18 11	<del>est wing</del>	
- Lungence	State RI	Popedo	CINBONDE	180	State RI	2100290d
Director Name Olywaturke Akinlapa			Director Name	nde	Akin	apa
Street Address 1828 We	Acinimtes	er Street	Street Address \82	8 We	staninger	· Stored
city Handence	State RT	Sip OF LOA	city Providen	Q	State RI	Zip 022909
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.						
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 Presi		Gecretary, Assistant Sec	retary, Treasurer, duly Authoriz	ed Representati	T	)
Name of Officer/Authorized Represe					Date	$\alpha l l_{i}$
Signature of Officer/Authorized Repr	resentative		FILED		012	1110

SIGN 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