RI SOS Filing Number: 201875338650 Date: 8/23/2018 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

2018

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2018 AUG 23 PM 1:00

→ Filing period. June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty Additional \$25.00 fee if form is not filed by July 30.

Entity ID Number 2. Exact name of the Corporation	n ,
1027250 Show Vonion	memorial Found aton
3. State of Incorporation 5 Brief description of the characters.	ter of business conducted in Rhode Island A Non-Profit PORT AGOISHING OF SCHOOL
RIL WHITTHE PU	Taxatagolishing a School
4 NAICS Code	LIDO MEDICALIA
813110 the unfortund	AP,
6. Principal Office Address	City State Zip
14 08 born 8. AAHTZ	Provendence Rit 02908
7. List ALL officers (names and addresses)	Check the box to indicate an attachment
President Name 10004 C. GOUD	Vice-President Name William ZICH St.
Street Address born Street AAAA2	Street Address DIPMOND STATELY APT #2
City Proluction of State BI 02908	City Providence State 7 782906
Secretary Name DCC102111 SQ 10	Treasurer Name MICHACI BOOLOGS
Strect Address 6436 GIRGIN AUGNU	Street Address
City I 1 1 1 State o Zin Co. a.s.	City
PALIBOCOPHE DH 11/2	1 00/198 MWS MID 21117
List ALL directors (names and addresses). RI Corporations MUST	list at least THRED directors. Check the box to indicate an attachment
Director Name Jonathan B. J. 119h	Director Name UCTUS WOOD-ONLICHOS
Street Address Angelico Street AA 3	Street Address 47 DevenShire Street
City Ohn Store State RT Zin 2910	City DXX Curboco Stail 7 Zin 29-8
Director Name Rancy Wiright	Director Name SOCC NUMBER OF THE PROPERTY OF T
Street Address -	Street Address 2017 TRaches S150001
100 She blook 1910	DE DIDIO ATTOST
City UPPGY DON by State P. A Zip 1908.	2 City Darbu State A 19023
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 President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee	
Name of Officer/Authorized Representative	Date
Signature of Officer/Authorized Bosses at the	8128118
Signature of Officer/Authorized Representative FILED	
MAIL TO:	1'00

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 2 3 2018 /:00

BY Con AAK3H