RI SOS Filing Number: 201876714750 Date: 9/5/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

Annual Report for the year: **Non-Profit Corporation** 

2818 SEP -5 AM 11:53

-> Filing period. June 1 - June 30

→ Filing Fee: \$20.00

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

<u> </u>			
1. Entity ID Number 2. Exact name of the Corporation	,	1.	- 1
	2 No. 1313 PRAtu		LOTESIE
1 2/ /	er of business conducted in Rhode Is		
	Family Funct	ions	
4. NAICS Code SIBUILO AND LOY	Pery.		
6. Principal Office Address _ 826 MAIN 5+	West Warwie	State	21p 02883
7. List ALL officers (names and addresses)	Che	ck the box to indicat	e an attachment
President Name/ And L. Spriaue	Vice President Name Ben He		Deve
Street Address 6 CAN/Ey DRIVE.	Street Address BOSTON	37.	
City Covertag State PLI ZIPUZ816	circoventry	State	zi02193
Secretary Hame Ice T. Spraque	TESWIRNENG DUS	CHENE	AU.
Street Address 6 CAR ley DR,	Street Appels AS ANYS	+	
City oventry Strek I 2102816	City WARVIEK	State 2.I	z 28873
8. ListALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment			
Directly Name / AeXSX. JEAN	Director Varne NN RAJI	bun	
Street AUTIPES 76 MAIN ST.	Street Address WAKE	F/e/D	57
City West Warner State PI Zipo 2893	B City W. WARWICK	State	<sup>2</sup> / <sub>4</sub> 5893
Director MARINA CHAMPAGNE	D:rector Name		
Streps DIVISION RD.	Street Address		
City Coventay State RI ZIPO + \$16		State	Zıp
9. Registered Agent in Rhode Island. This information is currently of record			
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 PRAGUE		9-4-	B
Signature of Office (Authorized Representative)			
MAIL TO:			

**Division of Business Services** 

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

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