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State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year: Non-Profit Corporation

2019

2019 FEB 19 PM 2: 38

-> Filing period: June 1 - June 30

→ Filing Fee. \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by July 30.

	<del></del>				
1. Entity ID Number 48485 7	2. Exact name of the Cor	rperation	= TE Common	MINN	1 Agr
State of Incorporation	5. Brief description of the	character	of business conducted in Rhode Isl		1020.
RI	AMINISTEA		OPERATING & M.	_	1146
4. NAICS Code 8139 ZO	COM		PROPERTY	,	
6. Principal Office Address 23 SHEZDON	STREET	-	PROVIDENCE	State	Zip 02906
7. List ALL officers (names and add	Check the box to indicate an attachment				
President Name AMBUCE	S. WACS.	f)	Vice-President Name	SVAC	-SH
Street Address SHELD CH STREET			Street Address 23 SHELDOY St.		
City PROVIDENCE	State R/ ZipO	2906	CIPROVIPENCE	State 12/	Zip 02906
Secretary Name ELLE S.	WACSH		Treasurer Name LACKEN	000 S. G	JACSH
Street Address Z3 SWELL	COU STREET	,	Street Address 23 SHEC	DON S	Telt-1
City PROVIDENCE	StateR/ Zip 2	7906	City PROVIDENCE	State 121	Zip 02906
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name / K		//	Director Name S & OA 11	DUOD	<u>S</u>
NAVICENIC	6 - WACS	<u>H</u>	OFTEN	KHUN	
Street Address 3 SELO CO	U STREET	<i>W</i>	Street Address 23/2 SH	ELDON	STREET
Street Address SAFIN CO	State R/ Zipo	2906	Street Address 23/2 SH City PROVIDENCE	ELDON State R/	STREET 200006
City PROV DENCE Director Name ALLEN	U STREET		U3/2 >H	ELDON State R/	STREET
City PROV DEMME	State PC/ Zipoz		City PROVIDENCE	State RI	STREET 2000906
City PROVIDENCE Director Name ALLERY	State PC/ ZipOi		C3/2 SH City PROVIDENCE— Director Name	State RI	STREET ZipOZGO6
City PROVIDENCE  Director Name ALLERY  Street Address 3 SHELV  City PROVIDENCE	State R/ Zipozi S. WALSH STREET State R/ Zipozi	2906 2906	City PROVIDENCE— Director Name Street Address	State	
City PROVIDENCE  Director Name ALLERY  Street Address 3 SHELY  City PROVIDENCE  9. Registered Agent in Rhode Islan  Under penalty of perjury, I decla	State R/ Zipor State R/ Zipor State R/ Zipor State R/ Zipor Id. This information is current re and affirm that I have	2906 tly of record examined	City PROVIDENCE  Director Name  Street Address  City  in the Department of State. Changes re  this report, including any accommodity	State  Quire filing Form 641	
City PONDINE  Director Name ALLEM  Street Address 3 SHELV  City PONDINE  9. Registered Agent in Rhode Islan  Under penalty of perjury, I decla statements, and that all stateme  This report must be signed by either the Pre	State C/ Zipo C State C/ Zipo C State C/ Zipo C Ind. This information is current re and affirm that I have ints contained herein are sident, Vice-President, Secretary.	2906 tly of record examined	City PROVIDENCE  Director Name  Street Address  City  in the Department of State. Changes re  this report, including any accommodity	State quire filing Form 641	les and
City PROVIDENCE  Director Name ALLEM Street Address 3 SHELV City PROVIDED SHELV CITY PROVIDED SHELV CITY PROVIDED SHELV CITY Provided By Statements, and that all statements are statements are statements.	State R/ Zipor  State R/ Zipor  State R/ Zipor  State R/ Zipor  Ind. This information is current  re and affirm that I have  nts contained herein are  sident, Vice-President, Secretary.  Sentative  WACS/I	2906 tly of record examined	City PROVIDENCE— Director Name Street Address City in the Department of State. Changes re Ithis report, including any accommon correct.	State quire filing Form 641	les and
City PONDINE  Director Name ALLEM  Street Address 3 SHELV  City PONDINE  9. Registered Agent in Rhode Islan  Under penalty of perjury, I decla statements, and that all stateme  This report must be signed by either the Pre	State R/ Zipor  State R/ Zipor  State R/ Zipor  State R/ Zipor  Ind. This information is current  re and affirm that I have  nts contained herein are  sident, Vice-President, Secretary.  Sentative  WACS/I	2906 tly of record examined	City PROVIDENCE— Director Name Street Address City in the Department of State. Changes re Ithis report, including any accommon correct.	State quire filing Form 641	les and

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov FEB 1 9 2019

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