RI SOS Filing Number: 201999711650 Date: 6/26/2019 4:00:00 PM

| Annual Report for the year: Non-Profit Corporation FILED FILED | Department of Sta | Providence Plantations | vicee Di | irdainn | | | |
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| 3. State of Incorporation RI 4. NAICS Code STORY 6. Principal Office Address 134 PAQUIDMECK AV 7. List ALL officers (names and addresses) City Street Address City NAME City NAME City Street Address Check the box to indicate an attachment Director Name I CHARLY OLD A Street Address S | 1. Entity ID Number | 2 Event some -title 0 | | | | -11-A-C | |
| 5. Shale of Incorporation RT 4. NAICS Code ST290 6. Principal Office Address 134 AQUIDNECK AV 7. List ALL officers (names and addresses) City Street Address City Ci | 000083841 | 11 11 11 | | CORP | БҮ | 1627 (| |
| To List ALL officers (names and addresses) President Name Street Address City Name City Name City Name City Name City Name City Name MALION State City Name MALION State City Name MALION Street Address Check the box to indicate an attachment Director Name Director Name City State Director Name City State Street Address Street Addre | 4. NAICS Code 81290 | 5. Brief description of the | e character | of business conducted in Rhod ALLISTS | le Island | | |
| 7. List ALL officers (names and addresses) President Name Street Address City Namport State Street Address Check the box to indicate an attachment Director Name I CHOULD ASS Street Address | 6. Principal Office Address | | | | State | Zip | |
| President Name Street Address City Namport Street Address | | | | 4100LETOUN B | RI | 02842 | |
| Street Address City Name Street Address | | resses) | | | Check the box to in | dicate an attachment | |
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| Secretary Name MALION WILNER Street Address City AL L QUEL State MERIC Director Name II CHERKY ARE State A DRAG State Director Name II CHERKY ARE State A DRAG State Director Name II CHERKY ARE State A DRAG State Director Name State City AL L RIVER Check the box to indicate an attachment Street Address | | |] | Street Address | OR. | <u></u> | |
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| Street Address ALL QUEN State MALL QUEN State MALL QUEN City ALL QUEN City ALL QUEN City ALL QUEN Check the box to indicate an attachment Director Name IN CHECKLY OF ALL Street Address NEW O 2840 City Street Address | MARION WILNER | | l | Treasurer Name | <u> </u> | | |
| State POLATO State POLATO State POLATO State POLATO City FALL RIVER State POLATO Check the box to indicate an attachment Director Name II CHECKLY CHECK Street Address NEW DIRECTOR NAME Street Address Street Address City State State State State State State OLATO Check the box to indicate an attachment Street Address | Street Address YAULON ST | | | Street Address | | | |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment Director Name I CHECKLY OFFICE AL Street Address NEW State City State Tip State Tip Check the box to indicate an attachment Check the box to indicate an attachment Check the box to indicate an attachment Street Address Street Address Street Address City City State Tip Tip Tip Tip Tip Tip Tip Ti | TALL RIVER | MA OL: | 720 | CITY FALL DIVER | State | Zip 73 - | |
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| Newbort State Zip 22 840 | City | | (| | State | Zip 02840 | |
| - VHIONE SURVAN | VALORE SHERE | tar | | Director Name | | 102010 | |
| Street Address Street Address Street Address | Street Address | 155 KHODE SSLAND AV | | | | | |
| NEWICK State Zip 02810 City 1005 CMOUNTY State Zip CT | NEW 104 S | State Zip 04 | 810 ° | DAT CHOICH | State | Z _I p. 071 | |
| B. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require floor Form 544 | i. Registered Agent in Rhode Island. | This information is currently | of record in 1 | he Department of State, Changes of | equire fluor Form 6 | 4.4 | |
| Statements, and that all statements contained herein are true and correct. | statements, and that all statements | and affirm that I have ex scontained herein are tr | kamined th rue and co | is report, including any accor | npanying sched | ules and | |
| his report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treesurer, duly Authorized Representative, Received Touristics | his report must be signed by either the Preside | nt, Vice-President, Secretary, Ass | sistent Secreta | ry, Treesurer, duly Authorized Represent | tative, Receiver or Trus | stee. | |
| varie of Onicel/Authorized Representative | RONALO CARAIN | | | | Date | | |
| ignature of Officer/Authorized Representative Knald Captan' | gnature of Officer/Authorized Repres | entative | | . ~ ; | 1 4/11/19 | | |

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.n.gov