. <u>::</u> :			
State of Rhode Island and Department of Sta	Providence Plantations te - Business Services D	ivision	
Annual Report for the year: Non-Profit Corporation			
Filing period: June 1 - June 30 Filing Fee: \$20.00			OCT 0 7 2019
Penalty: Additional \$25.00 fee if	form is not filed by July 30.		
1. Entity ID Number	2. Exact name of the Corporation		<u> 410 _ </u>
000193857	JH DIS		
3. State of Incorporation	5. Brief description of the character	er of business conducted in	Rhode Island
1/5	Johnston Mig	h So had D	TK)
4. NAICS Code	January 1119	n Januar P	130
813/10			
6. Principal Office Address		City	State
1345 Charry	Mue Pol	Dhuda	D P
7. List ALL officers (names and ad-	esses)		Check the box to in
President Name	- Acon	Vice-President Name	A
Street Address Co. Co.		Strand A 1	4
A HO HALL	olcide 35	Street Address	J
Chy Youngh	STY FOOK	City	State
Secretary Name	ichla la	Treasurer Name	Christia 2
Street Address	14.40 0.1	Street Address	ou (iii
City City	State of Ziona	1 30 JA	n Cricle

Secretary (names and addlesses)	Ch	eck the box to indica	ate an attachment [
President Name Pout Su PoutON	Vice-President Name				
Street Address Opo Atwood Ste	Street Address		<u> </u>		
City Johnson State 20019	City	State	Zip		
Secretary Name Deb Mohale	Treasurer Name	(NOLL)			
Street Address 345 (Now Well Red	Street Address Siscon (eicle.			
city Ohnson Strall 202014	CIN DONNA	Stare	2º 29F1		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Doma Kennachege	Director Name Muchal	Marc	WLI		
Street Address SYT Chay help C	Street Address	* Hele Co			
City Dhrown Stay 20294	city Ohnson	State D	20919		
Director Name Doniso Murcelle	Director Name				
Street Address 345 Chary Malled	Street Address				
City Tohnson Stand Zin Trace	City	State	Zip		
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require fling Form 641,					
Under penalty of perjury, I deciare and affirm that I have examined statements, and that all statements contained herein are true and	согrect				
This report must be signed by either the President, Vice-President, Sucretary, Assistant Sec	cretary, Treasurer, duly Authorized Representati				
Name of Officer/Authorized Representative		Date 8.0	1/2019		
Signature of Officer/Authorized Representative					
MAIL TO:					

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.rl.gov

FORM 631 - Revised: 06/2019

Zip