RI SOS Filing Number: 202042081210 Date: 6/11/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

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

**FILED** 

Annual Report for the year: Non-Profit Corporation



→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

| BY_ | JUN 1 1 2020<br>10805474 |   |
|-----|--------------------------|---|
|     | (1)                      | 1 |

| Entity ID Number   | 2. Exact name of the Corporation      | 1                                  |                                      |  |  |  |
|--|---------------------------------------|------------------------------------|--------------------------------------|--|--|--|
| 000028119  | Luman At                              | N/Etic Clui                        | S                                    |  |  |  |
| State of Incorporation   | 5. Brief description of the character | of business conducted in Rhode Isl | and WETICS                           |  |  |  |
| RHode Island   | Supporting L                          | ccpl youth                         | ATTAIRITE                            |  |  |  |
| 4. NAICS Code  | organzing re                          | WEN + YOU                          | ns men                               |  |  |  |
| 813410   | WHISHOR EVEN                          | )+J .                              | ľ                                    |  |  |  |
| Principal Office Address   |                                       | City                               | State Zip                            |  |  |  |
| 36 Humbert   | - St.                                 | NC. PROV.                          | VIII adill                           |  |  |  |
| 7. List ALL officers (names and addresses)  Check the box to indicate an attachment  |                                       |                                    |                                      |  |  |  |
| President Name Frac J.   | Nusso                                 | Vice-President Name                | ETESTA                               |  |  |  |
| Street Address 31 SCENE  | M LIONE                               | Street Address TESTA               | Mr.                                  |  |  |  |
| city Jo Haston   | State Zip CO9/9                       | CITYNG. PROV.                      | State Zin 27/1                       |  |  |  |
| Secretary Name   | o Feelin                              | Treasurer Name                     | 0.550                                |  |  |  |
| Street Address —   | 17001111                              | Street Address                     | , I Caso                             |  |  |  |
| 25 BOUNG   | Dry AVE                               | 131 Scient                         | NILME                                |  |  |  |
| City Jothoton  | State Zip Zip                         | CHYDHASton                         | State Zip 25/9                       |  |  |  |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.   |                                       |                                    |                                      |  |  |  |
| Disaster Name /  |                                       |                                    | ck the box to indicate an attachment |  |  |  |
| Director Name LCC Ot   | Elponte                               | Director Name                      | LISHER                               |  |  |  |
| Street Address 1923 50   | with St.                              | Street Address 908 GFG             | RSE MOTERMON PO                      |  |  |  |
| City NO. PROV.   | State Zip OS 11                       | City T Haston                      | Grate Zip 219                        |  |  |  |
| Director Name  | Russo                                 | Director Name                      | 2 DOMAHUE                            |  |  |  |
| Street Address 7/8   | W SL.                                 | Street Address / / 7 / m / 0       | = 0 0 00 0 0 0 0                     |  |  |  |
| City   | State + Zip 511                       | City Co Pacific                    | FRA SPINS AUR<br>State 7 - Ziph      |  |  |  |
| 10.17200   | 12.1.                                 | 100. 1000.                         | 1/4. Co7!                            |  |  |  |
| 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  |                                       |                                    |                                      |  |  |  |
| Signature of Officer/Authorized Representative   |                                       |                                    |                                      |  |  |  |
| Euc 7, Vasco SIGN COGEMENT HORD  |                                       |                                    |                                      |  |  |  |
|  |                                       |                                    |                                      |  |  |  |

MAIL TO:

**Division of Business Services** 

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