



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 Corporate ID No 104982		2 Name of Corporation CHALLENGE NA, INC.		
3 State of Incorporation NEW YORK		4 Corporate address in Rhode Island - Street Address 260 West Exchange St. Suite 305-2		City PROVIDENCE
				Zip 02903
5 Foreign corporation. Enter principal office address 590 Columbus Ave.			City THORNWOOD	State NY
				Zip 10594
6 Brief Description of the character of the affairs which are actually conducted in Rhode Island THE OPERATION OF SUMMER CAMPS, YOUTH RETREATS, OUTINGS AND OTHER YOUTH ACTIVITIES.				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Scott Reilly			Vice President Name Monica Tremine	
Street Address 7215 Northgreen Dr. NE			Street Address 60 Austin Ave.	
City Atlanta	State GA	Zip 30328	City Greenville	State RI
				Zip 02828
Secretary Name Jose F. Ortega			Treasurer Name Jose F. Ortega	
Street Address 582 Columbus Ave.			Street Address 582 Columbus Ave.	
City Thornwood	State NY	Zip 10594	City Thornwood	State NY
				Zip 10594
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23				
Director Name Scott Reilly			Director Name Monica Tremine	
Street Address 7215 Northgreen Dr. NE			Street Address 60 Austin Ave.	
City Atlanta	State GA	Zip 30328	City Greenville	State RI
				Zip 02828
Director Name Jose F. Ortega			Director Name Emilio Diaz-Torre	
Street Address 582 Columbus Ave.			Street Address 7215 Northgreen Dr. NE	
City Thornwood	State NY	Zip 10594	City Atlanta	State GA
				Zip 10594
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78				
Agent Name DANIEL STONE, ESQ.			Address 260 WEST Exchange St. ST 305-2	
Address 260 WEST EXCHANGE STREET, SUITE 305-2			City PROVIDENCE	Zip 02903-

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



104982

File Date 8/19/05
Check No. 8838
By: DA
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer Jose F. Ortega Date 8/3/05
Print or Type Name of Officer Jose F. Ortega
Title of Officer Secret.



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 104982		2. Name of Corporation CHALLENGE NA, INC.	
3. State of Incorporation NEW YORK		4. Corporate address in Rhode Island - Street Address 260 W. EXCHANGE ST SUITE 305-2	
		City PROVIDENCE	Zip 02903
5. Foreign corporation: Enter principal office address 590 COLUMBUS AVENUE		City THORNWOOD	State NY
			Zip 10594
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island THE OPERATION OF SUMMER CAMPS, YOUTH RETREATS, OUTING AND OTHER YOUTH ACTIVITIES.			
7. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) FILE IN SPACES BEFORE USING ATTACHMENTS			
President Name EMILIO DIAZ-TORRE		Vice President Name JOSE F. ORTEGA	
Street Address 590 COLUMBUS AVENUE		Street Address 590 COLUMBUS AVENUE	
City THORNWOOD	State NY	Zip 10594	City THORNWOOD
			State NY
			Zip 10594
Secretary Name LUCIA OCHOA		Treasurer Name MONICA TREVINO	
Street Address 751 WEST DRAHNER ROAD		Street Address 60 AUSTIN AVENUE	
City OXFORD	State MI	Zip 48371	City THORNWOOD
			State NY
			Zip 02828
8. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) FILE IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name EMILIO DIAZ-TORRE		Director Name JOSE F. ORTEGA	
Street Address 590 COLUMBUS AVENUE		Street Address 590 COLUMBUS AVENUE	
City THORNWOOD	State NY	Zip 10594	City THORNWOOD
			State NY
			Zip 10594
Director Name LUCIA OCHOA		Director Name MONICA TREVINO	
Street Address 751 W. DRAHNER ROAD		Street Address 60 AUSTIN AVENUE	
City OXFORD	State MI	Zip 48371	City GREENVILLE
			State RI
			Zip 02828
9. REGISTERED AGENT IN RHODE ISLAND DO NOT ALTER. Change require filing of Form 641 RI-C-17-03/07-07			
Agent Name		Address	
Address		City	Zip

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 0 4 9 8 2

File Date 7/20/04
Check No. 6675
By: DA
FOR SECRETARY OF STATE USE ONLY

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.

Jose Felix Ortega 7/14/04
Signature of Officer Date
JOSE F. ORTEGA
Print or Type Name of Officer
VICE PRESIDENT
Title of Officer

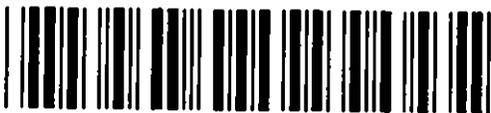


NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: June 1 - June 30 • Filing Fee: \$20.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 104982		2. Name of Corporation CHALLENGE NA, INC.	
3. State of Incorporation NEW YORK		4. Corporate address in Rhode Island - Street Address 260 WEST EXCHANGE ST. STE 305-2	
		City PROVIDENCE	Zip 02903
5. Foreign corporation. Enter principal office address 590 COLUMBUS AVE		City THORWOOD	State ny
			Zip 10594
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island THE OPERATION OF SUMMER CAMPS, YOUTH RETREATS, OUTINGS AND OTHER YOUTH ACTIVITIES.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name EMILIO DIAZ-TORRE		Vice President Name JOSE F. ORTEGA	
Street Address 590 COLUMBUS AVE		Street Address 590 COLUMBUS AVE	
City THORWOOD	State ny	City THORWOOD	State ny
	Zip 10594		Zip 10594
Secretary Name LUCIA OCTOIA		Treasurer Name LUCIA OCTOIA	
Street Address 775 W. DRAHNER RD BOX 167		Street Address 775 W. DRAHNER RD BOX 167	
City OXFORD	State MI	City OXFORD	State MI
	Zip 48371		Zip 48371
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name EMILIO DIAZ-TORRE		Director Name JOSE F. ORTEGA	
Street Address 590 COLUMBUS AVE		Street Address 590 COLUMBUS AVE	
City THORWOOD	State ny	City THORWOOD	State ny
	Zip 10594		Zip 10594
Director Name LUCIA OCTOIA		Director Name MONICA TREVINO	
Street Address 775 W. DRAHNER RD BOX 167		Street Address 60 AUSTIN AVE	
City OXFORD	State MI	City GREENVILLE	State RI
	Zip 48371		Zip 02828
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name DANIEL STONE		Address	
Address 260 WEST EXCHANGE STREET, SUITE 305		City PROVIDENCE	Zip 02903

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 4 9 8 2 *

File Date 7/1/04
Check No. 6519
By: DA
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer Jose F. Ortega Date 6/17/04
JOSE F. ORTEGA
VICE PRESIDENT
Title of Officer

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 104982	2. Name of Corporation Summertime Activities Inc.		
3. State of Incorporation NEW YORK	4. Corporate address in Rhode Island - Street Address 260 West Exchange Street, Suite 305-2		City Providence
5. Foreign corporation. Enter principal office address		City	Zip 02903

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island.
THE OPERATION OF SUMMER CAMPS, YOUTH RETREATS, OUTINGS AND OTHER YOUTH ACTIVITIES.

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Emilio Diaz-Torre			Vice President Name Michael Sliney		
Street Address 582 Columbus Av.			Street Address 10211 Norton Rd		
City Thornwood	State NY	Zip 10594	City Potosmac	State MD	Zip 20854
Secretary Name Alexander Kim			Treasurer Name Alexander Kim		
Street Address 582 Columbus Av.			Street Address 582 Columbus Av.		
City Thornwood	State NY	Zip 10594	City Thornwood	State NY	Zip 10594

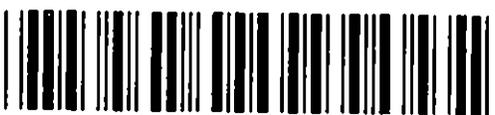
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN THE SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name Emilio Diaz-Torre			Director Name Michael Sliney		
Street Address 582 Columbus Av.			Street Address 10211 Norton Rd		
City Thornwood	State NY	Zip 10594	City Potosmac	State MD	Zip 20854
Director Name Alexander Kim			Director Name Matthew Van Smoorenburg		
Street Address 582 Columbus Av.			Street Address 89 West Logan St		
City Thornwood	State NY	Zip 10594	City Lemont	State IL	Zip 60439

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name DANIEL STONE	Address		
Address 260 WEST EXCHANGE STREET, SUITE 305	City PROVIDENCE	Zip 02903	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



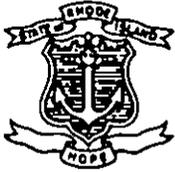
File Date 7-10-03
Check No. 5104
By [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date 6/10/03
Print or Type Name of Officer ALEXANDER KIM
Title of Officer SECRETARY

Filing Fee: \$20.00

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

NON-PROFIT CORPORATION

Corporate ID Number FNP-104982

Annual Report for the year 2002

- 1. The name of the corporation is Summertime Activities Inc.
2. The state or other jurisdiction under the laws of which it is incorporated is NEW YORK
3. The address of the registered office of the corporation in this state is 47 CREST AVENUE SOUTH KINGSTOWN, RI 02879 260 W. EXCHANGE STREET SUITE 305, PROVIDENCE, RI 02903
and the name of its registered agent in this state at that address is JUAN SABADELL DANIEL STONE
4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is The operation of summer camps, youth retreats, outings and other youth activities
5. If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is 584 COLUMBUS AV. THORNWOOD, NY 10594
6. Corporate address in Rhode Island 260 W. EXCHANGE STREET SUITE 305 PROVIDENCE, RI 02903
7. Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)

Table with 3 columns: NAME, OFFICE, ADDRESS. Lists directors and officers including Emilio Diaz-Torre, Michael Slaney, and Juan Sabadell with their respective addresses.

Dated: 6/2/02

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.

SUMMERTIME ACTIVITIES INC.

Exact Name of Corporation

By Juan Sabadell

Title Secretary/Treasurer

(Report must be signed by an officer)



* 1 0 4 9 8 2 *

FOR SECRETARY OF STATE FILED

File Date: JUL 12 2002

Check No.: By [Signature]

RECEIVED STATE SECRETARY OF STATE CORPORATIONS DIVISION JUL 12 10 45 AM '02



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

NON-PROFIT CORPORATION

Corporate ID Number FNP-104982 Annual Report for the year 2001

- 1. The name of the corporation is SUMMERTIME ACTIVITIES, INC.
2. The state or other jurisdiction under the laws of which it is incorporated is NEW YORK
3. The address of the registered office of the corporation in this state is 260 W. EXCHANGE STREET, SUITE 305-2, PROVIDENCE, RI 02903 and the name of its registered agent in this state at that address is DANIEL STONE, ESQ
4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is to provide religious instruction and formation according to the doctrine of Roman Catholic Church.
5. If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is 584 COLUMBUS AV. THORNWOOD, NY 10594
6. Corporate address in Rhode Island DANIEL STONE ESQ, Domestic Representative, 260 W. EXCHANGE STREET, SUITE 305-2, PROVIDENCE, RI 02903.
7. Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)

Table with 3 columns: NAME, OFFICE, ADDRESS. Lists directors and officers including Emilio Diaz-Torre, Michael Sunej, and Juan Sabadell with their respective titles and addresses.

Dated: 9/17/01

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.

SUMMERTIME ACTIVITIES, INC
Exact Name of Corporation

By [Signature]

Title SECRETARY
(Report must be signed by an officer)

Handwritten notes: 9-21-01, C K# 2630, and a signature.

Filing Fee: \$20.00

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

NON-PROFIT CORPORATION

Corporate ID Number FNP-104982

Annual Report for the year 2000

- 1. The name of the corporation is Summertime Activities Inc.
2. The state or other jurisdiction under the laws of which it is incorporated is NEW YORK
3. The address of the registered office of the corporation in this state is 260 W. Exchange Street, Suite 305-2, Providence RI 02903
4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is to provide religious instruction and formation according to doctrine of Roman Catholic Church
5. If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is
6. Corporate address in Rhode Island DANIEL STONE Esq., Domestic Representative, 260 W. Exchange Street, Ste. 305-2, Providence, RI 02903
7. Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3))

Table with 3 columns: NAME, OFFICE, ADDRESS. Lists directors and officers including Anthony Bannon, Emilio Diaz-Torre, Jose Antonio Gonzalez, Scott Maobey, and Daniel Stone Esq.

Dated: 8/1/00

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.



SUMMERTIME ACTIVITIES INC.
Exact Name of Corporation

FOR SECRETARY OF STATE USE ONLY
File Date: AUG 17 2000
Check No.: SECY OF STATE

By: [Signature]
Title: SECRETARY
(Report must be signed by an officer)