FILED Department of State - Business Services Division 'JUL 1 5 2021 Annual Report for the year: 2 o 2 **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. NW 1. Entity ID Number 2. Exact name of the Corporation 0005114 5. Brief description of the character of business conducted in Rhode Island 3. State of Incorporation tlo alli 4_NAICS 6. Principal Office Address City State List ALL officers (names and addresses) Check the box to indicate an attachment President Name Vice-President Name arc 58MA Street Address Street Address 40 02920 **16/6** Secretary Name Treasurer Name 10VC Street Address Street Address 40 Cipro State Zip 02G2X 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment Director Name Director Name Street Addre Street Address Averva City 282926 zig 2G 20 Director Name Director Name Wil Street Address Street Address State Zip 9. The Registered Agent information of record with the RI Department of State is accurate. 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 Date ケーコロン Signature of Officer/Authorized Representative MAIL TO: **Division of Business Services**

Date: 7/15/2021 4:00:00 PM

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State of Rhode Island

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

Phone: (401) 222-3040 Website: www.sos.ri.gov