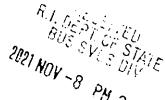


State of Rhode Island

Department of State - Business Services Division

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		8 PM 2.	
1. Entity ID Number	2. Exact name of the Corporation		
0000000	The 1	Par Livita)	Krow
3. State of Incorporation	5. Brief description of the character	of business conducted in Rhode Is	land
1 ドル・	(britt)	Day hou to	0/ mm
4. NAICS Code		togoth the	
011462			
6. Principal Office Address	- ()	City	State Zip
1,20 1006	CH Me	Taur,	KT Gracol
7. List ALL officers (names and addresses) Check the box to indicate an attachment			
President Name	L. COSSINS	Vice-President Name	togod Co
Street Address 13 9 5	SUA HOPPA	Street Address 900	evere Sto.
city Paul	State RJ ZIDOSCO	city Part.	StateR I Zio SCI
Secretary Name Wicp	le Dopat	Treasurer Name	20102. Per
Street Address 90 RC	were Sto.	Street Address \ 3	enett nos
city Pagh:	State R _ Zip OSS 61	City Paul	State I Zip SSCI
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. • The property of the box to indicate an attachment • The property of the box to indicate an			
Director Name	re (Nellow)	Director Name Mack	ounced;
Street Address S C	DID Str.	Street Address	CHALL Od.
CHY Projet	State Zip	City P COLOD-	State Zip
Director Name Medicals	e Plate	Director Name P Coo Trans	· More
Street Address Charles	les Str.	Street Address Street	
CITY PULL .	State Zip DSCO	Trest-	Store I Zip Sel
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, Treesurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative			
Signature of Officer/Authorized Representative			
MAIL TO:		NOV 0 8 2021	0 5

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

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

FORM 631 - Revised: 08/2020