RI SOS Filing Number: 202572836870 Date: 5/8/2025 2:44:00 PM

State of Rhode Island	Business 6-	mileae Dis	vision			MAY C
Department of State -		nvices DIV	rialvii			RIDOS 850 V 8 PH2:41:55
Annual Report for the year:	<u> 10 24 </u>					2.5. 8.4.
Non-Profit Corporation  → Filing period: February 1 - May 1						4:5 GS:1
→ Filing Fee: \$20.00	a mat filmed but before t	)4				۵í
Penalty: Additional \$25.00 fee if form i	xact game of the					
800789574	Colors	for	a Cav		de Isla	and
3. State of Incorporation 5. B	rief description of	the character	of business condu	cted in Rhode Isla	ind	
4. NAICS Code 8/3	Plan	ty-C	lovation	INS SOV		i
* NAICS COOP 8 (32/9	Cai	ncer	Saril	168		
6. Principal Office Address	31 Haton	rek	City		State	Zip
YO 602338	Schoolwouse	rd)	Charles	MUUM	KL	1058 3
7. List ALL officers (names and addresses)  Check the box to indicate an attachment						
President Name Sandra F	uchals	ski	Vice-President Nam	<del>y</del>	<u>.</u>	
Street Address Pa Box 33	8		Street Address	•		
City Churus oum Stat	eki zip	72X13	City		State	Zip
Secretary Name	Puchal	kK1	Treasurer Name	lun Su	ita	
Street Address POBOX3	74		Street Address	<u>ل</u> 		
Cit Unrleston Sta	174	<u>028 (5                                    </u>	Charl	sbun	Suffe	20028X
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to Indicate an attachment						
Director Name	schak	K'I	Director Name	um Ste	ith_	
Street Address Property	 3名		Street Address	& Box	1379	
City AAV OSTOLIN Sta		028R	Charle	stown	Stafe)	92813
Director Name	Duchal	cki	Director Name		l"	
Street Address	x 374	<u> </u>	Street Address		<del></del>	
City ( Mr. 1802) Sta	te RT Zip	DZZ B	City		State	Zip
9. The Registered Agent Information of	record with the Ri	Department of	of State is accurate	. Changes require	e filing Form 641.	
Under penalty of perjury, I declare as statements, and that all statements	nd affirm that I he contained herein	ive examined are true and	this report, inclu correct.	iding any accom	panying schedu	iles and
This report must be signed by either the President	, Vice-Prosident, Secre	tary, Assistant Se	cretary, Treasurer, duly	Authorized Represente		tee.
Name of Officer/Authorized Representa	ative Puch	alsk	/		Date 7	2025
Signature of Officer/Authorized Representation	<u> </u>	Osle		ILED	· · · · · · · · · · · · · · · · · · ·	
MAIL TO:			MAY	O R 2025 .		(
Division of Business Services 148 W. River Street, Providence, Rhode Isla Phone: (401) 222-3040	nd 02904-2615			UN ZUZT. LIANGE	2344	ł

Website: www.sos.ri.gov

FORM 631- Revised: 12/2023