State of Rhode Island	d		-	` 25 R		
Department of State - Business Services Di			ivision			
			• •	. X9	amp .	
Annual Report for the year	: 22234 <b>4</b>					
Non-Profit Corporation	X-3		•	1.		
Filing period; February 1 - May	1 , , ,	n a	28,330			
→ Filing Fee: \$20,00 → Penalty: Additional \$25,00 fee it	f form is not filed by	/ May 31.	-			
1. Entity ID Number		of the Corporation	ias s	26		
2017/15707	0-4	` ~	. 1.			
001/00525	Labri	me (no	rings			
3. State of incorporation	1	5. Brief description of the character of bushess conducted in Rhode Island  Charity For health programs for				
1 KT	Chony	ter re	ation bredians	3 W.	•	
4. NAICS Code	7/1/20	$\Omega_{\rm in}$ $\Omega_{\rm o}$	Genvors.	•	•	
012290	Citor	er vos	TERROS .	•		
010010	<u>.l</u>		Tax	Laure	la:	
6. Principal Office Address			City	State	Zip	
1 15 Doduson	of MA	<del>-</del> :	Patronth	10/7	1580	
7. List ALL officers (names and ad	idresses)			he box to indicate an	attachment	
President Name   0 11	011	Vice-President Name	12-01			
Willow	<u> Ca (180)</u>	Δ	L nessex	17007	<u>-</u>	
Street Address 75 Refused Del			The Dolume Do			
CITY PAREMONEN	State	102871	CIMPAR MOUNT	State	Zip OS7	
Secretary Name			Treasurer Name	<del></del>		
Street Address			Street Address			
Succe Address			Succession 200			
City	State ,	Zip	City	State	Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.						
			<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	the box to indicate a	n attachment	
Director Name - O	$\sim 11$		Director Name	1.		
SYXX (I	Callon	<u>n</u>	1 (16786X 1)k	XS		
Director Name  Director Name  Street Address  Director Name  Direc	<u>Callou</u> Wastrator		Street Address	es Col		
Street Address 57 Col. C	Callou Mistagler	Greene ()	Street Address	Sang T	ziponi	
Street Address 57 Col. C	mistager	(Greene (N)	Stroet Address	STAT	Z10281	
Street Address 57 Col. C	mistager	Greene ()	Street Address Street Address Cirp Company Director Name	5 (2)	Zip 2811	
Street Address 57 Col. C	mistager	Greene ()	Stroet Address	STAL	- Z <sup>h</sup> 28en(	
Street Address 57 Col. Con	mistager	Greene ()	Street Address Street Address Cirp Company Director Name	State	Zip Zip (	
Street Address 5 D Col. C City Portson M Difector Name (A.M. Col. Street Address Portson City Po	Mistoples Story L Lhours 2 BD Story	21p 2671	Street Address  Street Address  Street Address	State		
Street Address 50 Col	Michael States  Lhour  Do D  State  on of record with the	Zip OST	Street Address  City  Ci	State ire filing Form 641.		
Street Address 50 Col. Col. Col. Col. Col. Col. Col. Col.	State  State  On of record with the series contained he	Zip OST    Zip OST    Department if have examined and are true and	Street Address  Chy  Chy  Chy  Chy  Chy  Chy  Chy  C	State ire filing Form 641 inpanying schedu	les and	
Street Address 50 Col. Col. Col. Col. Col. Col. Col. Col.	State  State  On of record with the series contained he	Zip OST    Zip OST    Department if have examined and are true and	Street Address  City  Of State is accurate. Changes required this report, including any according to the state of the stat	State ire filing Form 641 inpanying schedu	les and	
Street Address 50 Col. Col. Col. Col. Col. Col. Col. Col.	State  State  On of record with the are and affirm the exident, Vice-President,	Zip OST    Zip OST    Department if have examined and are true and	Street Address  Chy  Chy  Chy  Chy  Chy  Chy  Chy  C	State ire filing Form 641 inpanying schedu	les and	
Street Address  City  Director Name  Street Address  Street Address  On City  9. The Registered Agent informati  Under penalty of perfury, I declar statements, and that all statements are the property of th	State  State  On of record with the are and affirm the estident, Vice-President, esentative	Zip OST    Zip OST    Department if have examined and are true and	Street Address  Chy  Chy  Chy  Chy  Chy  Chy  Chy  C	State ire filing Form 641. mpanying schedulative, Receiver or Trus	les and	
City Company  Direct Address  Street Address  The Registered Agent information  Under penalty of perfury, I declar statements, and that all statements. This report must be signed by either the President of the	State  State  On of record with the are and affirm the estident, Vice-President, esentative	Zip OST    Zip OST    Department if have examined and are true and	Street Address  Chy  Chy  Chy  Chy  Chy  Chy  Chy  C	State ire filing Form 641. mpanying schedulative, Receiver or Trus	les and	
City Direct Address Direct Address Street Address City On City On City  9. The Registered Agent informati Under penalty of perfury, I declar statements, and that all statements. This report must be signed by either the Properties of Officer/Authorized Representations.	State  State  On of record with the are and affirm the estident, Vice-President, esentative	Zip OST    Zip OST    Department if have examined and are true and	Street Address  Chy  Chy  Chy  Chy  Chy  Chy  Chy  C	State ire filing Form 641. mpanying schedulative, Receiver or Trus	les and	

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Phone: (401) 222-3040 Website: www.sos.n.gov AUG 2 9 2025

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