

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with Filing LGL. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island LIDRAY 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMEN President Name Nazy Agnos	2825		
3. State of Incorporation 3. State of Incorporation 3. State of Incorporation 3. State of Incorporation 3. Foreign corporation. Enter principal office address 3. Foreign corporation. Enter principal office address 3. State of Incorporation. Enter principal office address 4. In a part of Incorporation. Enter principal office address 4. In a part of Incorporation. Enter principal office address 4. In a part of Incorporation. Enter principal office address 4. In a part of Incorporation. Enter principal office address 4. In a part of Incorporation. Enter principal office address 4. In a part of Incorporation. Enter principal office address 4. In a part of Incorporation. Enter principal office address 5. State of Incorporation. Enter principal office address 5. Sta	2 <i>925</i> NTS		
RINGE IS AT A 194 HOWARD SHIP Rd. JOSTER 0. 5. Foreign corporation. Emer principal office address City State Zip 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island LIDRAY 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMEN President Name Namy Aejnes Tennessyy Street Address STREET Address STREET Address STREET ADDRESSES STREET ADDR	2 <i>925</i> NTS		
6. Hrief Description of the character of the affairs which are actually conducted in Rhode Island L 1 b ahry 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMEN President, Name Name Name Filt In Spaces Before Using Attachment	NTS		
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island LIDRAY 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT President Name Name Name Note: Address Street Address Street Address State 135 OL945 Street Address Street Add			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT President Name Nary fernes fennessey			
President Name Name Agnor Agnor			
Street Address Street Address Street Address Street Address Street Address Street Address MOSUP VAIRLY RL. City FOSTER State LORI Tellice Street Address Street Address Fredsurer Name LORI Street Address St	2925		
Street Address Street Address Street Address State FOSTER State BY State BY State BY Street Address FOSTER State BY State BY Street Address FOSTER State BY Street Address FOSTER State BY Street Address RT O Street Address Street Address RT O Street Address Street Address RT O Street Address RT O Street Address Street Address RT O Street Address RT O Street Address Street Address RT O Street Address RT O Street Address Street Address RT O St	2925		
Sured Address Street Address Street	2825		
Street Address Street Address Stree			
Street Address Street Address Stree			
Street Address Street Address Stree			
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3).			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3).	2825		
	NTS		
Director Name Director Name	R.I.G.L. 7-6-23		
Christint Jutas Jarah Gove	Jarah Gove		
186 Howair) Hill Rd. Street Address 84 East Killing W Rd.			
186 Howard Hill Rd. 99 East Killnay Rd. Chy Foster RI 02925 Foster RI 0	2865		
Director Name Jennifer Neuguth Director Name			
Street Address Street Address Street Address			
FOSTER State RI 12925 City State 14	,		
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	3		
Agent Name , Address			
Address A / HD / Coster R/ City Zip			
Address 1 / Costep R/ City Zip			
84 Housup Hottey Rd / Costep R/ 10Ster 02825			
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or			

File Date	
NOV 2 7 2007	
By 043025	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affi report, including any accompanying schedu	les and statements, and that all
statements contained herein are true and co	11/21/07
Signature of Officer Lori A. Tellier	Date
Print or Type Name of Officer Secvetary	
Title of Officer	
	Enros 621 D 12/0/