

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTA. JNS

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 2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

\* In accordance with fee of \$25.00

\* In accordance within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00 to a penalty fee of \$25.00.

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1. Corporate ID No.	2. Name of Corporation				
150364	soult Day Sanchiery				
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address		. <b>.</b>	City	Zip
Charle Island	345 Rm	ig Rive		warweck	02888
5. Foreign corporation. Enter prin	cipal office address	<u></u>	City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS					
7. NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR ATTACI	iment) 🗌 fill in spaces	BEFORE USING ATTAC	HMENTS
President Name			Vice President Name		
Wome Elemo					- 11
Street Address			Street Address		
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City	State	Zip and O	City	State	$Z\psi$
waterede	C.S.	02888			
Secretary Name			Treasurer Name		
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Street Address			Street Address		- 4
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City	State	Zip	City	State	Zip
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8. NAMES AND ADDRESSES	OF THE DIRECTO	NS: ("X" BOX FOR ATTA	│ <i>CHMENT)</i>	   BEFORE USING ATTAC	HMENTS
	26. 57.485 St. 2	RESERVE 0.0 2 P. 1975		11.1364 419946	1
8. NAMES AND ADDRESSES THE NUMBER OF DIRECTO Director Name	26. 57.485 St. 2	RESERVE 0.0 2 P. 1975		11.1364 419946	1
THE NUMBER OF DIRECT	26. 57.485 St. 2	RESERVE 0.0 2 P. 1975	CORPORATION SHALL NO	11.1364 419946	1
THE NUMBER OF DIRECT	26. 57.485 St. 2	RS#1803K110194 LVIV	CORPORATION SHALL NO	11.1364 419946	1
THE NUMBER OF DIRECTOR Director Name  Dolotil B	26. 57.485 St. 2	RS#1803K110194 LVIV	CORPORATION SHALL NO Director Name	11.1364 419946	1
THE NUMBER OF DIRECTOR DIRECTOR Name  Dolatill B  Street Address  352 Ulas I	nut St	C (RHODE ISLAND)	Director Name    VIII (A Description of the Control	aut)	E (3). R.I.G.L. 7-6-23
THE NUMBER OF DIRECTOR Director Name  Dolotil B	26. 57.485 St. 2	Zip	CORPORATION SHALL NO Director Name	11.1364 419946	E (3). R.I.G.L. 7-6-23
THE NUMBER OF DIRECTOR Director Name  Doloticl B Street Address  352 Chest City  City	nut St	C (RHODE ISLAND)	CORPORATION SHALL NO Director Name  NOLLA  Street Address  OIL  City  Photodoxul	aut)	E (3). R.I.G.L. 7-6-23
THE NUMBER OF DIRECTOR DIRECTOR Name  Dolatill B  Street Address  352 Ulas I	nut St	Zip	Director Name    VIII (A Description of the Control	aut)	E (3). R.I.G.L. 7-6-23
THE NUMBER OF DIRECTORY Director Name  Dolaticl S  Street Address  352 Chest  City  Director Name  Down Or U	nut St	Zip	CORPORATION SHALL NO Director Name Street Address Plantiduce Director Name Oblish	aut)	E (3). R.I.G.L. 7-6-23
THE NUMBER OF DIRECTOR Director Name  Doloticl B Street Address  352 Chest City  City	nut St	Zip	CORPORATION SHALL NO Director Name  NOLLA  Street Address  OIL  City  Photodoxul	aut)	E (3). R.I.G.L. 7-6-23
THE NUMBER OF DIRECTOR  Director Name  Doloticl B  Street Address  City  Director Name  Donor & U  Street Address  20 Yourne	nut St	Zip  ()2888	CORPORATION SHALL NO Director Name Street Address  City Pharticlard Director Name Street Address  Color Street Address	TEE LESS THAN THRE  OUT )  (d St  State  RI  Forter	Zip () 29C (c
THE NUMBER OF DIRECTORY Director Name  Dolaticl S  Street Address  352 Chest  City  Director Name  Down Or U	nut St	Zip  ()2888	CORPORATION SHALL NO Director Name Street Address Plantiduce Director Name Oblish	aut)	Zip () 29C (c
THE NUMBER OF DIRECTORY  Director Name  352 Chestory  City  Director Name  Donner  Street Address  City  City  The Address  City  City	State	Zip W2888	CORPORATION SHALL NO Director Name  Street Address  City  Phateduce  Director Name  Street Address  Gy Phateduce  City  That duce  Street Address	TEE LESS THAN THRE	Zip 0 290 6
THE NUMBER OF DIRECTORY Director Name  Street Address  City  Director Name  Down or  Street Address  City  Providence  9. REGISTERED AGENT IN	State	Zip W2888	CORPORATION SHALL NO Director Name  Street Address  Gity  Plantiduce  Director Name  Street Address  Loy  City  That delact  Ci	TEE LESS THAN THRE	Zip 0 290 6
THE NUMBER OF DIRECTORY  Director Name  352 Chestory  City  Director Name  Donner  Street Address  City  City  The Address  City  City	State	Zip W2888	CORPORATION SHALL NO Director Name  Street Address  City  Phateduce  Director Name  Street Address  Gy Phateduce  City  That duce  Street Address	TEE LESS THAN THRE	Zip 0 290 6
THE NUMBER OF DIRECTORY Director Name  Street Address  City  Director Name  Down or  Street Address  City  Providence  9. REGISTERED AGENT IN	State	Zip W2888	CORPORATION SHALL NO Director Name Street Address  City  Pharticlary Director Name Street Address  City  Tharticlary  Street Address  Address  Address	State  Forter  State  Forter  Aland Michael  State  RI  State  RI	Zip () 29C (c)  Zip () 29C (c)  Zip () 29C (c)  7-6-78
THE NUMBER OF DIRECTORY Director Name  Street Address  City  Director Name  Donnel  Street Address  City  Providence  9. REGISTERED AGENT IN  Agent Name  Address	State  STAND-D	Zip W2888	CORPORATION SHALL NO Director Name Street Address  City Phatchard Director Name Oblive Street Address  City That class  City That class  City That class  City City City City City City City Cit	State  Forter  State  Forter  Aland Michael  State  RI  State  RI	Zip () 29C (c)  Zip () 29C (c)  Zip () 29C (c)  7-6-78
THE NUMBER OF DIRECTORY Director Name  Dolatical S Street Address  City  Director Name  Donner  Street Address  City  Providence  9. REGISTERED AGENT IN  Agent Name  VONNE FLORE  Address	State	Zip W2888	CORPORATION SHALL NO Director Name Street Address  City  Pharticlary Director Name Street Address  City  Tharticlary  Street Address  Address  Address	State  Forter  State  Forter  Aland Michael  State  RI  State  RI	Zip () 29C (c)  Zip () 29C (c)  Zip () 29C (c)  7-6-78
THE NUMBER OF DIRECTORY Director Name  Dolaticl S  Street Address  City Director Name Donn & Greet Address  City Providence  9. REGISTERED AGENT IN Agent Name YON'NE ELPTI  Address  245 Ring H	State  State  State  State  State  State  State  State  STAND-D  S	Zip ()2888	CORPORATION SHALL NO Director Name Street Address  City Phatchard Director Name Oblive Street Address  City That class  City That class  City That class  City City City City City City City Cit	State  State  Forter  State  State  Land  State  State  State  Land  State  C 25	Zip () 290 G  Zip () 290 G  7-6-78

FILED	
JAN 23 2008	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.  Signature of Officer  Hint or Type Name of Officer  The Act of the Act of the Act of the Statements of the Statements are true and correct.  Date  The Act of the Act of the Statements are true and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained this report, including any accompanying schedules and statements, and that all statements of the Statements are true and correct.  Date of the Statements of the Statements are true and correct.  Date of the Statements of the Statements are true and correct.  Date of the Statements of the Statements are true and correct.
FOR SECRETARY OP STATE USE ONLY	Title of Officer Form 631 Rev. 03/07