

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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 R.I.G.L. 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

to a penalty fee of \$25.00.	P				,	
1. Corporate ID No.	2. Name of Corporation	1 01	1			
000128770		ie of Rhoa	e 15/and			
3. State of Incorporation Non-profit	4. Corporate address in R	bode Island - Street Address lee St · Swife	eA, POV. RI.	Providence	02904	
5. Foreign corporation. Enter prin		,	City	State	Ztp	
6. Brief Description of the character	de facilitat	e the DIDANI	ng and/on provis	ion of Effe	ofive health	
7. NAMES AND ADDRESSES	Kuman OF THE OFFICERS	OVUSTAINS ("X" BOX FOR ATTACH	MENT) TILL IN SPACES B	BFORE USING ATTAC	HMENTS	
			Vice President Name	<i>D</i>		
Jenny Rosario			Vice President Name Kdfdel	K1,03		
Street Address KentLand Ave			Street Address 297 Grove 5+			
Providence	RL .	02904	City Prov.	State RT	02904	
Secretary Name Khalie A	June 2		Treasurer Name Reter	Giossi		
Street Address Atlantic Ave.			Street Address Rose garden S.f.			
Providence	State RI	02907	Cary Warwick	State PL.	24 02888 05904	
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: (*X* BOX FOR ATTAC	hment) fill in spaces b	EFORE USING ATTAC	HMENTS	
THE NUMBER OF DIRECTO	ORS OF A DOMESTIC	C (RHODE ISLAND) C	ORPORATION SHALL NOT E	BE LESS THAN THRE	E (3), R.I.G.L. 7-6-23	
Director Name William	Felkwer		Director Name Pefer	Glossi"		
Street Address 434 B	rook St		Street Address 63 No	segardin Si		
City 1	State NI	Zip *02906	Cuy Narwick	State N.L	02888E	
Director Name Kha li	a NUNCZ		Director Name Jenny	Rosario		
Street Address 50	Atlantic F	70c	I a	entland A	1E 33	
City Providence	State NI	Zip 02907	City Pro U	State NI	^{Zup} 02907-	
9. REGISTERED AGENT IN	RHODE ISLAND + DO	NOT ALTER - Chang	es require filing of Form 64	i1 - R.I.G.L. 7-6-13 /	7-6-78	
Agent Name Jenny	Rosanio		Address 17 Kentlana	l ave		
Address 17 Kente	Rosanio	· · · · · ·	Address 17 Kentlana City Providence	Zip O.Z.	704	
		a Draeidant Vice Dreet	dant Cagratary Assistant Cagn	atom: Transurar Dassi	ver or Tructee	
rius report must	be signed by either th	ic i resident, vice fresh	dent, Secretary, Assistant Secr	ciary, ricasulei, necei	YOU OF THUSIES	
		FILED				

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	APR 24 2008	Under penalty of perjury, I declare and affirm that I have examine report, including any accompanying schedules and statements, and the	
ile Date	By	statements contained herein are true and correct.	7
Check No.	7.419	Signature of Officer Bate	
)):	, J	Print or Type Name of Officer	
FOR SECRETARY OF STATE USE ONLY		Trensurer Title of Officer Form 631 Rev	03/07

Attachment

Director for Horitage

Rafel Rijos

297 Grove St

RI 02904 Prov