

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 falling 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.

to a penuny jee of \$25.00.					
1. Corporate ID No. 3 0 8 0 H	2. Name of Corporation CONIMI	CUT PI	BLIC LIB	RARY	
3. State of Incorporation	4. Corporate address in R	bode Island - Street Address ACH Al	IE.	WARWICK	2ip 02889
5. Foreign corporation. Enter princ	- 20		City	State	Zip
6. Brief Description of the character of	of the affairs which are acti E + OACE	ually conducted in Rhode Isla	MA. BOOKS AN	DMANY	OTHER
			MENT) ☐ FILL IN SPACES BE		i
Fresident Name			Vice President Name ELLEN DAVIES		
Street Address 53 BELL			Street Address 43 BEA	9 CH AVE	= ,
WARWICK	State RI	02 88 8	CHWARWICK	State RI	ZIP U2 889
Secretary Name CLAUD	ETTE	ERBAN	Treasurer Name CLAUDET		
Street Address 80 0P7	PER AU	Æ.	Street Address 80 0	PPER 1	AUE.
ChyWARWICK	State TR	Zip 02-589	CAN WARWICK	State RI	Zip 02869
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS  THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3), R.I.G.L. 7-6-23					
Director Name  TREWE		•	ORPORATION SHALL NOT B Director Name ELLEN	DAVIE.	
Street Address 3 BEL	LEVUE	AVE.	Street Address 43 BE	ACH AV	'E.
CHY WARWICK	State RI	Zip 02888	CW WARWICK	State Z I	Zip 02889
Director Name CLAU	DETTE	ERBAN	Director Name		
Street Address 80 0F	PER A	UE.	Street Address		
CINWARWICK	State F	2402889	City	State	Zip
9. REGISTERED AGENT IN I	RHODE ISLAND - DO	NOT ALTER - Chang	es require filing of Form 64  Address	1 - R.I.G.L. 7-6-13 /	7-6-78
Address	<del> </del>		City	Ztp	
This report must b	ha cionad by aither th	a President Vice President	lent Secretary Assistant Secre	story Transurar Bassi	vor ar Trustae

File Dat	-FILED
Check N	JUN 1 6 2008
Ву:	FOR SECRETARY OF STATE USE ONLY

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.

Claudette Char 14/08 Signature of Officer ERBAN CLAUDETTE Print or Type Name of Officer TREASURER JECRE TARY-Title of Officer

Form 631 Rev. 12/06