

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

401.2

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

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.I. Director Name  I sabelle P. M'dderdoff  Rev. Jude M'GROUGH  Street Address  Street Address  Street Address  Street Address  City  O2837  Director Name  Director Name  Director Name  Street Address				
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. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS VOID PROBLEM   FILL IN SPACES BEFORE USING ATTACHMENTS   FILL IN SPACES BEFORE USI				
Jean C. Rendergast  The Diane Manning  Trees Address  RI Sup 3908  Trees Address  RI Street Address  R. I Zip  R. I	men received we conflict that her section the phone service stated by that were in			
26 Manning Drive  Rowidence RI 202908 City  Rowidence RI 202908 City  Rowidence RI 202908 Narray arout State  RI 202908 Narray arout RI 202808  Register Name  Loan C. Endergast  Street Address  21 Elmhurst Ave  220 220  Street Address  221 Elmhurst Ave  220 220  Core Address  221 Elmhurst Ave  220 220  Core Address  220 220  Core Address  221 Elmhurst Ave  220 220  Core Address  220 220  Core Address  220 220  Core Address  RI 220 220  Core Address  Street	tont/			
Treasurer Name  Loan C. Endergast  Street Address  23 Esther Drive  State RI  240 2811  Loan Loan C. Endergast  Street Address  240 Elmhurst Ave  240 284  Loan Richard Richar				
Treasurer Name  Latricia V. Foresty  Street Address  37 Esther Drive  State RI  Lap 249  B. NAMES AND ADDRESSES OF THE DIRECTORS: (** 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.I  Director Name  Labelle P. Midderdoff  Key. Jude M. Geough  Street Address	८२.			
North Providence State RI 240 2911   Gray dence State RI 240 283  3. 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.I.  Director Name  I Sabelle P. M'Aderdoff  Rev. Jude M'GROUGH  Street Address  Street Address  Street Address  Street Address  Director Name  Dir				
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Director Name  I sabelle P. M'dderdoff  Rev. Jude M'Geough  Street Address  Street Address  State RI  Director Name  State RI  Director Name	8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
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City State Zip City Coupton KI 028:  Street Address Zip City State Zip City State R-I. 029  Director Name Director				
Street Address  Street Address  ZI EINHUST AUL'  City  State  Zip  City	<del>3</del> 7			
State Zip City State Zip State Zip State R-I. Zip D29  REGISTERED AGENT IN RHODE ISLAND				
Registered agent in Rhode Island				
	105			
	9. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78				
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste	 ee			

Check No. JUN-1 1 2009  By: By: 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.  Signature of Officer  Print or Type Name of Officer  Title of Officer  Form 631 Rev. 09/17