

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 2010

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. | | | | | | | | |
|--|---------------------------|----------------------|------------|---------------------|----------|-------------------|------|--|
| Corporate 1D No. 2- Name of Corporation That Cure | | | | | | | | |
| 3. State of Incorporation | 4. disposite address in R | hode wand Street Add | iress W | et Ave. | Pautucat | Zip L | J | |
| 5. Forfign corporation. Exter Will | cipa officeraddress | , ,, | | Framingham | State MA | ²⁴⁹ 01 | 70/2 | |
| 6. Brief Description of the about the affairs which are actually conducted in Rhode Island 1 10 MIN MIFT OVGANIJANIN That Collected donated dusses & resold for the conduction of the affairs which are actually conducted in Rhode Island 1 10 MIN MIFT OVGANIJANIAN THAT COLLECTED DONALD DUSSES & Resold for the conduction of the affairs which are actually conducted in Rhode Island 1 10 MIN MISTERS & Resold for the conduction of the affairs which are actually conducted in Rhode Island 1 10 MIN MISTERS & Resold for the conducted dusses of the conducted in the conducted dusses of the | | | | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS | | | | | | | | |
| Prestern Name S. Grindland | | | | Vice President Name | | | | |
| stop adays sock or | | | | Street Address | | | | |
| Framingham | State MA | 21p 0170 | | City | State | Zip | | |
| Socretary Name OS. Grindelant | | | | Treasurer Name | | | | |
| Street Aldress | | 77 | _ | Street Address | | | | |
| City / (| State | Zip | 1 | City: | State | Zip | | |
| 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 | | | | | | | | |
| TIMES. Grinde End | | | | Director Name | | | | |
| Street Address Same | as ak | eve " | | Street Address | × | 201 | | |
| City | State | Zip | | City | State | <i>7</i> # ⊆ | | |
| Director Name | | | | Director Name | | | | |
| Street Address | | | | Street Address | | 2: | | |
| City | State | Zip | | City | Skite | 微: 2 | | |
| 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 Trustee

| EH ED | Untler penalty of perjury, I declare and affirm that I have examined this port, including any accompanying sonodules and statements, and that all |
|-----------------------------|---|
| File Date | speciments contained herein the true and correct. |
| Check No | Signature of Officer Crito do land Date |
| By: 0 147689 2/26 | Primor Type Name of Officer |
| SECRETARY OF STATE USE ONLY | Tule of Officer |
| SECONDARY OF STATE USE ONLY | Tule of Officer Form 631 Rev. 09/17 |