

A. Raiph 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 20

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.

printly fee by \$25.00.				
2 Name of Corporation 2 Name of Corporation KNIGHTSVI)	Communi	TV ASSOC		
3 State of the orthogotion 3 Contragen whitem in Blood Island - Street Address	STREET	CRANSTON	26 02920	
5. Foreign corporation. Enter principal office address	City	Steate	Zip .	
6. Hold Descripting of the character of the affairs upichase actually conducted in Rhode Islam NCOME FOR THE KAISING SUPPLIMENTAL KNIGHTSVILLE BRANCH 'LIBRA				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHE President Name CERARD ZANNE A	VICE PRISIDENT NAME VICE PRISIDENT NAME AULINE	A RUGO	ÉER (
Street Address ORBANA STREET	Street Address 78 5			
CRANSTON R.I 02920	CRANETON	State R.I	02920	
JOHN HASTY.	Treasyrer Name BENJAM	IN SACE	occio	
Street Address 114 MARLE WOOD AVE	Street Address A ST	REET		
CITY RANS TO STATE R. I 02920	CRANSTON	State R. I. FEORE USING ATTACH	Zip ロス9より	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23				
THERESA ZANNELLA	PRANK N	1ANZ_i		
Street Address URBANA STREET	Street Address 196 BATE	MAN A	VE	
CRANS 70 N Stage 7. Zy 02920	CRANSTON	R, I,	02920	
ROSE CRUDALE	Director Name			
50 VERMONT ST.	Street Address			
S. REGISTERED AGENT IN RHODE ISLAND.	Cuy	State	Zip	
9. REGISTERED AGENT IN RHODE ISLAND CERARD JANNE JA 27 URBANA ST, CRANSTON 02920 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 proof must be rised by sixty the Busidest Vice Desident Constant Assistant Constant Towns Desident				

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED	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.
File Date MAY 21 2012 Check No. 51. 77.77	Sugre of Officer Date
By:860	Print or Type Name of Officer PRESIDENT
FOR SECRETARY OF STATE USE ONLY	Tule of Officer