RI SOS Filing Number: 202208759960 Date: 1/26/2022 4:00:00 PM

Annual Report for the year:  Non-Profit Corporation  Filing period June 1 - June 30  Filing Fee: \$20.00  Penalty. Additional \$25.00 fee if form is not filed by July 30.  1. Entity ID Number  COOD 2 G 3 I + Defended in Report Form is not filed by July 30.  2. Exact name of the Corporation  COOD 2 G 3 I + Defended in Report Form is not filed by July 30.  5. Brief description of the character of business conducted in Report Form is not filed by July 30.  6. Principal Office Address  City  State  Zip	Department of Sta	ate - Busines	s Services D	ivision	FILED	1
Non-Profit Corporation  Filing period June 1. June 30  Filing June 30	Annual Report for the year	$: \cap \mathcal{C}$	120	•	FILED	
## Fing period June 1 - June 10 ## Fing period June 1 - June 20 ## Fing period Store of form is not field by July 30.  1. Entity ID Number  ## DOO 16314  3. State of Incorporation  ## Principal Office Address  ## President Name  ## DOWN ## EDWARD TO PRINCIP  ## President Name  ## Presiden					JAN <b>26</b> 2	2022
Penalty Additional \$25.00 feel if form is not filed by July 30.  1. Entity ID Number  OOO 2 G3 I Defends the Corporation  BURIC ASSECIATION  3. State of Incorporation  RI  4. NAICS Code  RARGANAL ORCANIFERION  5. Brief description of the character of business conducted in Rhode Island  RI  4. NAICS Code  RARGANAL ORCANIFERION  6. Principal Office Address  1237 RESERVOIR ARWANE  7. List ALL officers (names and addresses)  Check the book to indicate an attachment  President Name  DHI/D R. D-3 PLAINES  100 ASSS  1	Filing period: June 1 - June 30				BY	Sal U =
1. Entity ID Number  \[ \Delta DOD 26314 \] 3. State of Incorporation \[ \Delta DORIC ASSECIATION \] 4. NAICS Code \[ \Begin{array}{cccccccccccccccccccccccccccccccccccc	-> Filing Fee: \$20.00	form is and floor by			B1	
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3. State of Incorporation RI 4. NAICS Code RATIGNAL ORCHNIZHMON 6. Principal Office Address 1237 RESCUOL ADUNAL 7. List ALL officers (names and addresses) Plessdent Name Paul R. DES PLAINES 1000 Street Address 75 ANNIE C. 1019 State RI 1020 Street Address 1020 Stree	1. Entity ID Number	2. Exact name of the Corporation				<del>-</del>
A. NAICS Code    State   State	0000 26314	BORIC ASSUCIATION				
4. NAICS Code  \$13/10  6. Principal Office Address  1. List ALL Officers (names and addresses)  President Name  ### DAID R. DES PLAINES  Street Address  5. WEART State  City  WARWAN  State  TO DES  CITY  WARWAN  State  Treasurer Name  #### Address  ##### Address  ##### Address  ##### Address  ##### Address  ##################################	3. State of Incorporation					
6. Principal Office Address  1237 RESCUOIR AVENUE  7. List ALL Officers (names and addresses)  125 PLATINES  126 Vice President Name  125 PLATINES  127 OPA20  128 PLATINES  129 OPA20  129 CHOCK the box to indicate an attachment  125 PLATINES  129 OPA20  120 OPA20  125 PLATINES  120 OPA20  125 PLATINES  120 OPA20  125 PLATINES  120 OPA20  126 President Name  125 PLATINES  127 OPA35  128 PLATINES  129 OPA35  129 OPA35  120 OPA3	KI					
6. Principal Office Address  1237 RELEVOR AUCHUE  7. List ALL Officers (names and addresses)  President Name  DAULD R. DET PLATINES  Street Address  TOMMUN State  City  WARWING  CITY  WARWING  State  TOWN State	4. NAICS Code	· RATIONAL ORGANIZATION				
7. LISI ALL officers (names and addresses)  Check the box to indicate an attachment president Name DAULD R. DESPLAINES  Street Address 34 FAZ BOURT STREET  CITY WANNER C.  Street Address 34 FAZ BOURT STREET  Street Address BALL T. RABON  Street Address BALL CLAR STREET  CITY MANUAL STREET  Street Address BALL CLAR STREET  CITY MANUAL STREET  CITY MANUAL STREET  Street Address BALL CLAR STREET  CITY CLAR STREET  Street Address BALL CLAR STREET  CITY CLAR STREET  Street Address BALL CLAR STREET  Street Address BALL CLAR STREET  STREET ADDRESS BALL CLAR STREET  CITY CLAR STREET  Street Address BALL CLAR STREET  CITY CLAR STREET  Street Address STREET  Street Address BALL CLAR STREET  Street Address STREE	813110					
7. LISI ALL Officers (names and addresses)  7. CHOCK the box to indicate an attachment president Name  7. DATA PLAINES  7. Street Address  7. AND		<u> </u>		City	State	Zip
President Name DAVID R. DE3 PLAINES  VICE-President Name TOSHUA EDWARDS  Street Address 75 AUCUME C.  Street Address 34 FAR BOURT STRUCT  City WUNDKKET State RT ZIPOSAG CITY WARWAN State ZIPOSAS  Secretary Name ROBERT J. KEMPF  Treasurer Name TAMES R. RABON  Street Address AUG WARLINGTON STRUCT  City Movi POLICE State ZIPOSAG CITY WARLINGK State RT ZIPOSASC  8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment Director Name ARMEN AUCUMANA HANDEN  Street Address I LONG STRUCT  City MANTON State RT ZIPOSAN STRUCT  City CAMSTON State RT ZIPOSAN STRUCT  City CAMSTON State RT ZIPOSAN  Street Address  5 TEUSTON AVENUE  City CANSTON State ZIPOSAO  City CANSTON State ZIPOSAO  Prector Name  WARRING MARCHAP  Director Name  WARRING MARCHAP  Street Address  5 TEUSTON AVENUE  City CANSTON State ZIPOSAO  THE Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.  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.  This report must be spread by when he President. Vec Prevident Secretary, Assistant Secretary Treasurer, dury Authonized Representative Thruston.  The REPORT MUSIC STATEMENT TREASURER  TRANSMENT TREASURER  THE REMARKANE				CRANGTUN	RI	02920
Street Address 75 AVENUE C.  City Walk C.  State Rt Zip OBSS City WARWA State Zip ODSS Secretary Name BOBSET J. Kempf Treasurer Name JAMES R. RABON  Street Address ADD WARRINGTON STREET Street Address AU4 PARK VICUS AUDINUÉ  City Movident State Zip OPO7 City WARWINGK State R. Zip ODSSS State R. Street Address AVACIAN HANDLEM  Street Address J. LONG STREET Street Address J. LONG STATE T. Zip ODSSS State R. Zip	7. List ALL officers (names and addresses)				Check the box to indic	ate an attachment
Street Address 75 AVENUE C.  City WWW.SCKET State RT Zip ORSGS City WARWAN State Zip ORSGS Secretary Name ROBERT J. KEMPF Treasurer Name JAMES R. RABON  Street Address ADD WARRINGTON STREET State Zip ORGG City WARWING State RT Zip ORSGS  City Manifornia State RT Zip ORGG City WARWINGK State RT Zip ORSGS  8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment Director Name REGINGLY HANN LEM  Street Address I LONG STREET STREET City CHINGTON State RT, 3305  City CAMSTON State RT Zip ORGO City CHINGTON State RT, 3305  Director Name WI QUE MANCAP Director Name  Street Address 5 TENSTON AVENUE State Street Address  Street Address Street Address State RT Zip ORGO City CHINGTON State Zip ORGO City State Secretary Assistant Secretary Assistant Secretary Assistant Secretary Treasurer, Guiy Authorized Representative Receiver of Trustern Name Of Officer/Authonized Representative This report must be signed by within the President. Secretary Assistant Secretary Treasurer, Guiy Authorized Representative This report must be signed by within the President. Secretary Assistant Secretary Treasurer, Guiy Authorized Representative This report must be signed by within the President. Secretary Assistant Secretary Treasurer, Guiy Authorized Representative This report must be signed by within the President. Secretary Assistant Secretary Treasurer, Guiy Authorized Representative This report must be signed by within the President Secretary Assistant Secretary Treasurer, Guiy Authorized Representative This report must be signed by within the President Secretary Assistant Secretary Treasurer. Guiy Authorized Representative This President Secretary Assistant Secret	President Name DAVID R. DESPLAINES			Vice-President Name  TOSHUA EDUMODE		
State RI ZIP CASSS CITY WARWAY STATE ZIP CASSS CITY WARWAY STATE ZIP CASSS Screen Name RARGET J. KEMPF  Street Address RICHARD STREET  CITY MAN DELECT STATE ZIP CASS CITY WARRINGK AND THE RESIDENCE ZIP CASS CITY WARRINGK STATE ZIP CASS CITY CANSTON STATE ZIP CASS CITY TO STATE ZIP CASS CITY CANSTON STATE ZIP CASS CITY TO STATE ZIP CASS CITY CANSTON STATE ZIP CASS CITY TO STATE ZIP CASS CASS CANSTON ZIP CASS CASS CANSTON ZIP CANSTON ZIP CASS CANSTON ZIP	Street Address 75 AVENUE C.					
Street Address  Street Address  AND DESCE  State T. Kempf  Street Address  AND DESCE  State T. To DAD?  City WHIWICK  State R. Zip 02886  B. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment  Director Name  Almen Analyan  Street Address  I LONG STREET  Street Address  Street Address  I LONG STREET  City Clankton  State R. Zip 02886  City Clankton  Director Name  Director Name  Director Name  Director Name  Street Address	City WWW.SOCKET	State RI	Z1002895	I =		Zin
Street Address  AND WARLINGTON STREET  City Plan, DENCE  State Plan, DENCE  Check the box to indicate an attachment  Director Name  ALANG STREET  Director Name  BEANALS HAND LETT  Street Address  To DAKLAWN AND APP. 3305  City CAMPEN State Plan,						1
State RI Street Address Street Address Street Address State RI Sta	Street Address  222 WARLINGTON STREET			Street Address 244 PARK VICTAL AUTHUE		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment precion Name Almen Analyan Director Name Almen Analyan Street Address  I Long Spreet  City Charkton State I Zip Dry City Charston State Rt Zip Cross Director Name  Director Name  Director Name  Director Name  Director Name  Director Name  Street Address  57 EUSTAN ANENAG  State Rt Zip Cross  Street Address  City Charston State Rt Zip Cross  9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.  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.  This report must be signed by unher the President, vice President, Secretary, Assistant Socretary, Treasurer, duty Authorized Representative  The Tarkton The Tark		State	Zip 02907	City		
Director Name  ARMEN AVACYAN  Street Address    Long Street     Long Street Address   Long State   Zip 01920   City   Chinston     Director Name   City   Chinston     Director Name   City   Chinston     Director Name   City   Chinston     City   Chinston   State   Zip 01920     City   Chinston   State   Zip 01920     City   Chinston   State   Zip 01905     City   Ching   State   Zip 01905     City   Chinston   State   Zip	8. List ALL directors (names and a	ddresses). RI Com				
Street Address    Long State   Zip USZO	Director Name			Durantos Namo	Check the box to indic	ate an attachment
City CRANSTON State RT ZIP USZO City CRINSTON State RT ZIP 02520  Director Name  City CRANSTON State RT ZIP 02520  Director Name  Street Address  57 EUSTON AVENUE  City CRANSTON State RT ZIP 0255  City CRANSTON State RT ZIP 0255  Gity CRANSTON State RT ZIP 0255  9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.  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.  This report must be signed by unher the President. Vice-President. Secretary. Assistant Secretary. Treasurer, duly Authorized Representative Receiver or Trusteen  Name of Officer/Authorized Representative  TAMES R. RASSON TREMEMBER.	MICHEN HUACIGAN			BERNAN	3 HANDLED	2
City CRANSTON State RI ZIP DIGGO City CRINSTON State RI ZIP DIGGO CITY CRINSTON State RI ZIP DIGGO CITY CRANSTON AVENUE  City CRANSTON State RI ZIP DIGGO City State ZIP  9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filling Form 641.  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.  This report must be signed by wither the President, Vice-President, Secretary, Assistant Socretary, Treasurer, duty Authorized Representative Receiver or Trusteen  Name of Officer/Authorized Representative	/ LONG STREET			Strant Address 75 DAKLAWN AVE APT. 3305		
Street Address  State  State  State  Zip  OPAS  Gity  State  Zip  9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.  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.  This report must be signed by wither the President, Vice-President, Secretary, Assistant Socretary, Treasurer, duty Authorized Representative  TAMIS D. RASSON  TREMSMER	CRAHSTU.	State	210 02520	City		
Street Address  57 EUSTW AVENUE  City CRANSTW  State KI Zip 02905 City  State Zip  9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.  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.  This report must be signed by unher the President, Vice-President, Secretary, Assistant Socretary, Treasurer, duly Authorized Representative Receiver or Trusteen  Name of Officer/Authorized Representative  TAMICS D. RASSON TREMSULES.	Director Name			Director Name		
City  CRANSTON  State  Zip  O2905  City  State  Zip  9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.  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.  This report must be signed by wither the President. Vice-President. Secretary. Assistant Socretary. Treasurer, duty Authorized Representative Receiver or Trustee  Name of Officer/Authorized Representative  TAMCS  RASSON  TRENSMER	Street Address			Street Address		
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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.  This report must be signed by uither the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative Receiver or Trustee  Name of Officer/Authorized Representative  TAMES R. RASSON TRENSMER	9. The Registered Agent information	n of record with th		of State is accurate. Changes rec	quire filing Form 641	<del></del>
This report must be signed by uither the President, Vice-President, Secretary, Assistant Socretary, Treasurer, duty Authorized Representative Receiver or Trustee  TAMES R. RASSON TRENSMER	Under penalty of perjury, I declar	re and affirm that	I have examined	this report, including any acc	ompanying schedu	iles and
Name of Officer/Authorized Representative  TAMES R. RAPSON TRENSULES.					sentative. Receiver or Trus	
Signature of Officer/Authorized Representative	Name of Officer/Authorized Repres	entative				-
Signature of Officer/Authorized Representative	JAMES	R. RASSON	J TRE	n.sunce	,	
	Signature of Officer/Authorized Rep	resentative			<del></del>	