



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2008

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.

1. Corporate ID No. 129212		2. Name of Corporation 2 ND RHODE ISLAND REGIMENT OF THE CONTINENTAL LINE	
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address 33 10 BROOKSIDE DR.	
		City LINCOLN	Zip 02865
5. Foreign corporation. Enter principal office address		City	State Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island PROMOTING INTEREST IN THE AMERICAN REVOLUTION			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name CARL BECKER		Vice President Name	
Street Address 177 MARKET ST		Street Address	
City SWANSEA	State MA.	Zip 02777	
Secretary Name KIRK HINDMAN		Treasurer Name	
Street Address 10 BROOKSIDE DR		Street Address	
City LINCOLN	State R.I.	Zip 02865	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 DAVID CUNNINGHAM JR.		Director Name NORMAN DESMARAIS	
Street Address 235 PAMELA DR		Street Address 467 RIVER ROAD	
City SWANSEA	State MA.	Zip 02777	City LINCOLN
			State R.I.
			Zip 02865
Director Name RUSSELL A. DEAN		Director Name	
Street Address 43 BUTTERWORTH AVE		Street Address	
City BRISTOL	State R.I.	Zip 02809	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name		Address	
Address		City	Zip

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

FILED

JUN 13 2008

BY

AMF
60711
12:20

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.

Carl D. Becker June 12 2008
Signature of Officer Date

CARL D. BECKER

Print or Type Name of Officer

PRESIDENT

Title of Officer

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
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