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A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Providence, RI 02904-2615 401.222,3040

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. 2. Name of Corporation 28803 Quahaug Chapter #48 of North American Family Campers Association 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address City 122 Viking Drive Portsmouth Rhode Island 02871 5. Foreign corporation. Enter principal office address City State 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Camping Club 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Dale Bradley Dick Villiard Street Address Street Address 122 Viking Drive PO Box 811 City State City State Ζip Portsmouth RΙ 02871 Pembroke MA 02359 Secretary Nami Treasurer Name Veverly Kelly Joanna Falkof Street Address Street Address 33 Pine Street 26 Heelan Avenue City State Zip City State Zip Portsmouth Stoughton RI 02871 MA 02072 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 Director Name Roger Bouchard Ted Fischer Street Address Street Address 683 Fish Road 35 Dighton AVenue State ZipCity State Zip 02871 Tiverton RI 02878 Portsmouth MΑ Director Name Director Name Ken Corti Mary Jean MacGibbon Street Address Street Address 395 Holmes Street 47 McCorrie Lane City State City State Portsmouth Halifax MA 02338 RI 02871 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

– 20	003	Under penalty of perjury, I declare and affirm that I have examined report, including any accompanying schedules and statements, and the	
File Date F	LED	statements contained herein are true and correct.	מנ מוז
Check No.	O 9 2009	Signature of Officer Date Joanna Falkof	
ву:Ву	242	Print or Type Name of Officer Treasurer	
FOR SECRETARY OF	STATE USE ONLY	Title of Officer Form 631 Rev. 0	——)9/17