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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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: $50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
73111	KNOWLES CAMP, INC.			
3. Street Address Principal Business Office		City	State	Zip
c/o 1309 TURKS HEAD BUILDING		PROVIDENCE	RI	02903
4. Business Phone No.	5. State of Incorporation			
401-421-5927	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
FOR THE OPERATION OF A CAMP GROUND, INCLUDING THE RENTING OF CAMPSITES

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
BARBARA H. ROSE			JANICE A. ENCK		
Street Address			Street Address		
90 ROBINSON STREET			15 CHURCH STREET		
City	State	Zip	City	State	Zip
WAKEFIELD	RI	02879	PEACE DALE	RI	02883
Secretary Name			Treasurer Name		
JANICE A. ENCK			BARBARA H. ROSE		
Street Address			Street Address		
15 CHURCH STREET			90 ROBINSON STREET		
City	State	Zip	City	State	Zip
PEACE DALE	RI	02883	WAKEFIELD	RI	02879

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE		

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
600	COMMON	NO PAR

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

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.

Barbara H. Rose 2/16/09
Signature *Date*

BARBARA H. ROSE
Print or Type Name

[redacted] PRESIDENT
Title

File Date FILED
Check No. FEB 26 2009
By: By 2223
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Form 630 Rev. 12/06

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