



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

Fee: \$20.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000422479

2. Name of Corporation Outdoor Adventure Corps, Incorporated

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 32 HOPE RD
City or Town: CRANSTON State: RI Zip: 02921 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

THE DEVELOPMENT OF A SENSE OF GLOBAL CITIZENSHIP AND ENVIRONMENTAL STEWARDSHIP IN YOUTH THROUGH EDUCATION EXPERIENCE ESPECIALLY OUTDOOR ACTIVITIES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES D ROBINSON	32 HOPE RD CRANSTON, RI 02921 USA
DIRECTOR	JODY S ROBINSON	319 POST RD WAKEFIELD, RI 02879 USA
DIRECTOR	JACQUELYN A ANTONELLI	91 HOLLYHOCK DR CRANSTON, RI 02920 USA
DIRECTOR	RICHARD A DEGRANDPRE	20 ZINNIA DR CRANSTON, RI 02920 USA
DIRECTOR	BARBARA A MURPHY	55 KUEHN RD ASHAWAY, RI 02804 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JAMES D. ROBINSON 32 HOPE ROAD CRANSTON , RI 02921

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

Signed this 6 Day of May, 2009 at 10:52:13 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JAMES D ROBINSON
Signature of Officer of the Corporation

President or Vice President or Secretary or Assistant Secretary or
 Treasurer or Receiver or Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07

© 2007 - 2009 State of Rhode Island and Providence Plantations
All Rights Reserved