

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street

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.

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1. Corporate ID No.	2. Name of Con	poration				
27991	Little Rhody Boys State					
3. State of Incorporation	4. Corporate ad	dress in Rbode Island - Street	Address	City	Zip	
R.I.	c/o Ronald	Levasseur, 4 May S	treet	N.Providence	02904	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the chan	acter of the affairs whi	ch are actually conducted in R	hode Island			
Teaching Government	Operations, Title:	7-6				
7. NAMES AND ADDRE	SSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [] FILL IN SPA	ACES BEFORE USING ATTAC	CHMENTS	
President Name			Vice President Name			
Ronald Levasseur			NONE	NONE		
Street Address	ireet Address			Street Address		
4 May Street						
City	State	Zip	City	State	Ζip	
N.Providence	RI	02904		<u> </u>		
Secretary Name			Treasurer Name			
NONE			James Weinreich			
Street Address			Street Address			
			374 High Street			
City	State	Zip	City	State	Zip	
			Wakefield	RI	02879	
8. NAMES AND ADDRES	SSES OF THE DIE	RECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN SP.	ACES BEFORE USING ATTA	CHMENTS	
THE NUMBER OF DIRL	CTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	NOT RE LESS THAN THRE	F (3) R.I.G.L. 7.6.	
Director Name Ronald Levasseur Street Address			Director Name			
			James Weinreich Street Address			
						4 May Street
City	State	Zip	Gity	State	Zip	
N.Providence	RI	02904	Wakefield	RI	02879	
Director Name		· · · · · · · · · · · · · · · · · · ·	Director Name			
Lenny Reed						
Street Address			Street Address			
c/o American Legion	Dept. RI, 1005 (Charles Street				
City	State	Zip	City	State	Zip	
N.Providence	RI	02904				
9. REGISTERED AGENT				1	ı	
This information is curren	tly of record in the	e Office of the Secretary of	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-13	7-6-78	
This report r	nuet he cioned by	aither the President Vi-	a Descident Constant Active			
ima report i	must be signed by	cities the riestocal, vic	e President, Secretary, Assista	ant Secretary, Treasurer, Rece	iver or trustee	

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File Date	FILED		
Check No.	MAY 1 8 2003		
Ву:	By 50)		
FOR	SECRETARY OF STATE USE ONLY		

Under penalty of perjury, I declare and affirm that report, including any accompanying schedules and a statements contained herein are true and correct.	
de-Weinreich	5-14-09
Signature of Officer	Date
James Weinreich Print or Type Name of Officer	
Treasurer	
Title of Officer	Form 631 Rev. 09/17