

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 2010

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.

penalty fee of \$25.00.						
1. Corporate ID No	2. Name of Con	poration				
27321	The Kamp	The Kamp, Inc.				
3 State of Incorporation	4. Corporate ad	4 Corporate address in Rhode Island - Street Address - City			Zīţi	
Rhode Island	150 Main Street			Pawtucket	02862	
5 Foreign corporation, Enter principal office address			City	State	/ψ	
6. Brief Description of the cha	tractor of the affairs whi	ch are actually conducted in Ri	pode Islami			
7. NAMES AND ADDR	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) FILL IN SP	PACES BEFORE USING ATTA	ACHMENTS	
President Name			Vice President Name			
Christopher Little			NONE			
Street Address			Street Address			
743 Armistice Bivd.						
CHY	Statte	Zip	CHy	State	Zip	
Pawtucket	RI	02860				
Secretary Name			Treasurer Name			
Douglas Mattern			Jo Ann Crawford			
Street Address			Street Address	Street Address		
15 Culver Street, #7	6		20 Old Homestead Road			
City	State	Zip	CH):	State	Zιp	
Plaistow	NH	03865	Westford	MA	01886	
				PACES BEFORE USING ATT		
THE NUMBER OF DIR	ECTORS OF A DC	MESTIC (RHODE ISLA.	ND) CORPORATION SHAL	L NOT BE LESS THAN THE	REE (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Christopher Little			Jo Ann Crawford			
Street Address			Street Address			
743 Armistice Blvd.			20 Old Homestead Road			
Cuş	State	Zip	Cit ₃	State	<i>7</i> φ	
Pawtucket	RI	02860	Westford	МА	01886	
Director Name Douglas Mattern			Director Same	•		
Street Address 15 Culver Street, #76			Street Address			
Сйу	State	Zip	City.	State	Zip	
Plaistow	NH	03865				
9. REGISTERED AGEN	T IN RHODE ISLA	ND		•	ı	
This information is curre	ently of record in th	e Office of the Secretary of	of State. Changes require filing	g of Form 641 - R.I.G.L. 7-6-1	13/7-6-78	
This report	must be signed by	either the President, Vic-	e President, Secretary, Assis	tant Secretary, Treasurer, Re	ecciver or Trustee	
	-		-	,		

File Date	FILED
Check No.	JUN 0 3 2010
Ву: _Ву	304
I	FOR SECRETARY OF STATE USE ONLY

27321

Under penalty of perjury, I declare and affir report, including any accompanying schedule	es and statements, and that al
statements contained herein are true and corr	d 6/2/10
Signature of Officer	Date
J <u>o Ann</u> Crawford	
Print or Type Name of Officer	
Treasurer	
Title of Officer	