

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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 Corp	oration				
27528		Kickemuit River Council				
3. State of Incorporation	4. Corporate ada	tress in Rhode Island - Street A	ddress	City	Zip	
Rhode Island	17 Chace A	\venue		Warren	02885	
5. Foreign corporation. Ente	Foreign corporation. Enter principal office address			State	Zip	
N/A						
6. Brief Description of the char	racter of the affairs whic	h are actually conducted in Rh	ode Island			
-		kemuit River and its trib				
7. NAMES AND ADDRI	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TACHMENT) 🗍 FILL IN SPA	CES BEFORE USING AT	TACHMENTS	
President Name			Vice President Name			
Steven Roth			Ann Morrill			
Street Address			Street Address			
1 Riverview Rd.			90 Dexterdale Rd	State	Zip	
City	State	Zip	City	RI	02906	
Bristol	RI	02809	Providence		02300	
Secretary Name			Treasurer Name Linda Brunini			
Linda Brunini (Interin	n position)					
Street Address			Street Address 61 Asylum Rd.			
61 Asylum Rd.		74.	City	State	Z.ip	
City	State	Zijo OCOSE	Warren	RI	02885	
Warren	RI	02885	ATTACHMENT) FILL IN SPA		•	
8. NAMES AND ADDR	ESSES OF THE DA	AECTORS: (A BOATOR	ND) CORPORATION SHALL	NOT RE LESS THAN T	HREE (3). R.I.G.L. 7-6-2	
	ECTORS OF A DC	MESTIC (KITODE ISLA	Director Name	NOT BE EDGO TIME, S.	(2)	
Director Name						
Steven Roth			Ann Morrill Street Address			
Street Address			90 Dexterdale Rd.			
1 Riverview Rd.	1	79.	City	State	Zip	
City	State	<i>Ζί</i> ρ	Providence	RI	02906	
Bristol	RI	02809	Director Name	<u> </u>	02000	
Director Name			TATECUT Name			
Linda Brunini			Street Address			
Street Address			Street Address			
61 Asylum Rd.	0: 1	20	City	State	Ztp	
City	State	<i>Ζφ</i> 02885	Cynix		1	
Warren	RI	•	•	ı	ŀ	
9. REGISTERED AGEN						
This information is curr	rently of record in the	he Office of the Secretary	of State. Changes require filing	of Form 641 - R.I.G.L. 7	- 6-1 <i>3/</i> 7-6-78	
This repor	t must be signed by	y either the President, Vi	ce President, Secretary, Assist	tain Secretary, Treasurer,	ACCIVEL OF TRUSICE	

27528	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date	statements contained herein are tale and correct. Signature of Officer Linda Brunini
By: 278 FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Treasurer Title of Officer Form 631 Rev. 09/17