

Amended - 9-2-12 PCH



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 57366		2. Exact name of the Corporation LITTLE RHODY Chapter Model A Ford Club of America	
3. State of Incorporation RHODE ISLAND		4. Corporate Address in RI - Street Address 622 HATCHERY ROAD	
		City N. KINGSTOWN	Zip 02852
5. Foreign corporation. Enter principal office address		City	State
6. Brief description of the character of business conducted in Rhode Island MONTHLY MEETINGS - PARADES - SEMINARS - PICNIC - TOURS INFORMATION ON RESTORATION OF MODEL A'S - NURSING HOME STAYS			
President Name DAWN MENNUCCI		Vice-President Name RICHARD MOWRY	
Street Address 10 REVERE STREET		Street Address 403 LOG ROAD	
City PAWTUCKET	State R.I.	City SMITHFIELD	Zip 02917
Secretary Name JOHN MENNUCCI		Treasurer Name PATRICIA A. HOWARD	
Street Address 10 REVERE STREET		Street Address 622 HATCHERY ROAD	
City PAWTUCKET	State R.I.	City N. KINGSTOWN	Zip 02852
8. LIST ALL DIRECTORS (NAME AND ADDRESS). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (*X BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name JOHN CECI		Director Name DOMENIC A. MOSCA JR.	
Street Address 245 WESTCOTT ROAD		Street Address 1145 SUCCOTASH ROAD	
City N. SCITUATE	State R.I.	City NARRAGANSETT	Zip 02882
Director Name CHARLES H. HOWARD SR.		Director Name ROBERT OSBORNE	
Street Address 622 HATCHERY ROAD		Street Address 190 HUDSON POND ROAD	
City N. KINGSTOWN	State R.I.	City WEST GREENWICH	Zip 02819
9. REGISTERED AGENT IN RHODE ISLAND PATRICIA A. HOWARD, 622 HATCHERY RD. N. KINGSTOWN, RI 02852			

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.
 This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED 1050

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.

File Date _____

SEP 05 2012

Check No _____

Patricia A. Howard 5-18-2012
 Signature of Officer Date

By: _____ BY DL

PATRICIA A. HOWARD
 Print or Type Name of Officer

FOR SECRETARY OF STATE USE ONLY

Treasurer
 Title of Officer



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

