

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/business

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

Filing Fee: \$20.00 · FAIL	URE TO FILE T	HIS REPORT BY JU	LY 30 WILL I	RESULT IN A \$25.00	PENALTY F	EE.		
1. Entity ID No.	2. Exact name of the Corporation The Little Rhody Division of the North Eastern Region of the							
27995	National Madel Rayland Acceptant Tree							
State of Incorporation	4. Brief description of the character of business conducted in Rhode Island							
Rhode Island	It prom	stes the ho	bby of	Mode/ Rail	roading	,		
5. Principal office address % Rehard Nagle	72 Forge	Roal	North K	Mode Rai Lingstown	State (Zip 02852 · 100 L		
LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)								
President Name			Vice-President Name					
Brian Osber	9		Lind		n1)			
Street Address	l .		Street Address	s , / .				
1350 Main ST.	•		41 K.	s Hill 'Rd.				
Coventry	State 41	Zip 02816	Charles	wn	State RI	Zip 02813		
Secretary Name	•		Treasurer Nan					
Kichard Nag	le		Shannon Dekonski					
Street Address 72 Forge R	1-		Street Address	38 stella Da				
North Kingstown	State Q J	Zip 02852	City North P	rovidence	State RI	Zip 02911		
. LIST <u>ALL</u> DIRECTORS (NAM ("X" BOX FOR ATTACHMENT	es and addres:) 🔃	SES). RHODE ISLAND	CORPORATIO	ONS <u>MUST</u> LIST NO L	ess than th	IREE (3) DIRECTORS		
Director Name			Director Name)		·		
Henry Pierce			Steven Eack sun					
Street Address	.,		Street Address		•	- 1		
75 540 dy	. /4:// Dマ State		25 Par	disc Brook	Form	RI.		
City	State	Zip	City	L	State	Zip		
West Warwick	L RI	02893	Middle	e Bun	RI	02842		
Director Name	1 •		Director Name		•			
David Dekons	<u>k I </u>		Warre	en Riccitell	<i>l</i>			
Street Address 38 Stell	10+		Street Address		ive			
City	State	Zip	City	A /	State	Zip		
North Providence	RJ	02911	North	Providence	RI	02911		
. REGISTERED AGENT IN RHODE ISLAND								
This Information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.								
This report must be sig	gned by either the F	President, Vice-Preside	nt, Secretary, A	ssistant Secretary, Trea	surer, Receive	r or Trustee		

File Date	FILED	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.				
Check No	.HJN 1 4 2013	Signature of Officer Date				
By:	JUN 14 2013	Signature of Officer Date				
FOR SECRETARY OF STATE USE ONL	042	Print or Type Name of Officer				
Form No. 631		Chief Clark				
Revised: 05/2012		Title of Officer				



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NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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1. Entity ID No. 2. Exact name of the Corporation 3. State of Incorporation 4. Brief description of the character of business conducted in Rhode Island 5. Principal office address City State Zip . LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) President Name Vice-President Name Street Address Street Address Zip City State City State Zip Secretary Name Treasurer Name Street Address Street Address City State City State Zid Zip . LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address P.O. Box 888 Zip State City RT 02857 U2908 **Director Name** Street Address Street Address City City State Zip Zip 02816 REGISTERED AGENT IN RHODE ISLAND 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

File Date		this report, inclu	of perjury, I declare and affirm that I have examined cluding any accompanying schedules and statements, atements contained herein are true and correct.			
Check No	FILED	Reihan	Iw.		6/13/9013	
By:	11000	Signature of Office	31		Date	
FOR SECRETARY OF STATE USE ONLY	JUN 1 4 2013	Print or Type Nam	2 W	Nagle Je		
	TD 1796	Print or Type Nam	e of Officer	. /		
Form No. 631	BY VV dili	O Chief	Clerk			
Revised: 05/2012		Title of Officer				