



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

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. 104373		2. Exact name of the Corporation Rhode Island Association of Camps			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Provide advocacy on behalf of member camps in regard to pending legislation which might have effects on them.			
5. Principal office address 401 Victory Highway		City West Greenwich		State RI	Zip 02817
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Jennifer Carpenter		Vice-President Name Melanie Towle			
Street Address 1043 Snake Hill Rd		Street Address 54 Exeter Rd			
City North Scituate	State RI	Zip 02857	City Exeter	State RI	Zip 02822
Secretary Name Lisa Sanford		Treasurer Name Lisa Sanford			
Street Address 123 Oakdell St		Street Address 123 Oakdell St			
City Peacedale	State RI	Zip 02883	City Peacedale	State RI	Zip 02883
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name John Jacques		Director Name Madeline (Pat) Smith			
Street Address 401 Victory Highway		Street Address 500 Greenwich Ave			
City West Greenwich	State RI	Zip 02817	City Warwick	State RI	Zip 02886
Director Name Danita Ballantyne		Director Name Maria Picirilli			
Street Address 160 Prosser Trl		Street Address 1589 Putnam Pike			
City Charlestown	State RI	Zip 02813	City Chepachet	State RI	Zip 02814
8. 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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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BY CH 220426
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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.

Signature of Officer _____

Jennifer Carpenter

Print or Type Name of Officer

President

Title of Officer

3/17/14

Date