

STATE OF HHOUSE 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. 2. Exact nam	e of the Corporation	
83852 Southour New Expland Touch Puller of Augusta		
3. State of Incorporation 4. Brief descr	MUM I WW	ngland Truck Puller o association
3. State of Incorporation 4. Brief description of the character of business conducted in Rhode Island		
RT Day TRADADIM . An .		
5. Principal office address. Putting on Truck Pulls to Raise Many to help needy		
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)		
President Name Vice-President Name		
Street Address		John Costa
Street Address	. 0.	Street Abdress
The state of the s		City State Zip
Kichmond RT	18 PR 40	Tiverton RT 02878
Secretary Name	· · · · · · · · · · · · · · · · · · ·	Treasure, Name
Chan Brunge		Stephen Sherman
Street Address	· State	Street Address
City State	Zio	City State Zio
Coventry RT	03810	Richmond RT GARAR
7. 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
Kichie Gerube		Frank Call
Street Addréss	V+==+	Street Address
City State	Street Zp	City State Zin
Tiveston RT	02879	North Kingston RT 02852
Director Name		Director Name
Street Address		Ted Ja tomte
1922 Xmith Ca	rente Trail	Street Address
City State	Zip Zip	City State Zip
West Lingston RT	102893	Tweston RT 02879
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		
	11:09 AM	
_	FILED	Under penalty of perjury, I declare and affirm that I have examined
File Date A DE	R 1 1 2014	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Check No		Stoples X leaves and correct
By: By_ 22	22067	Signature of Officer Date
FOR SECRETARY OF STATE USE ONLY		STEPHEN SHERMAN Print or Type Name of Officer
Form No. 631		_ Toeosuror_
	V 14 HB7	Title of Officer
10 :		
- .	_	