

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 name of the Corp	oration
83852 Southern New Expland Touch Puller a during	
3. State of Incorporation 4. Brief description of the c	New England Truck Puller a association that action of the property of the stand
. Since documental of the service of	
RT DH	Turk Dant Diam + 10.
5. Principal office address	Truck Pulls to Raise Many to help needy
265 Kingstown Rond	Richmond RT 02898
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)	
President Name	Vice-President Name
Street Address	Smithton Costa
55 Now Yordon Turn	the Street Address
City State Zip	City State Zip
Kichmond RT 03	898 Tiverton RT 02878
Secretary Name	Treasurer Name
Street Address	Stephen Sherman
1208 Out 17 Main 8.	Street Address D
City State Zip	City State Zip
Soventry RI 02	816 Richmond RT OARG8
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
Krahie Gerube	Frank Cole
Street Addréss 150 Vemlack Street	Street Address
City State Zip	The American Court of the Court
Tweston RT 02	
Director Name	Director Name
Street Address	Street Address
1922 South County	Trail 152 Finer Carl
City State Zip	City State Zip
West Kingston RT 00	892 Twenton PT 02879
8. REGISTERED AĞENT 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	AMI
FILED	Under penalty of perjury, I declare and affirm that I have examined
APR 11 201	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Check No	Stophan Xlannan illa 111
By:	Signature of Officer Date
FOR SECRETARY OF STATE USE ONLY	CW STEPHEN SHERMAN Print or Type Name of Officer
orm No. 631	- the second
	Title of Officer
60:11 HV 11 HdV 1107	
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