



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 **2014**

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. 30869		2. Exact name of the Corporation Corvette Club of Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island A social club for owners of Corvettes to gather and share knowledge and participate in auto shows, cruises, and club socials. To raise funds for annual donations to RI Food Bank.			
5. Principal office address PO Box 6902		City Warwick		State RI	Zip 02887-6902
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name James Campanini		Vice-President Name Keith Mutter			
Street Address 86 Pitman Road		Street Address 5 Grant Lane			
City Warwick	State RI	Zip 02886	City Cumberland	State RI	Zip 02864
Secretary Name Brenda Silvia		Treasurer Name Scott Henderson			
Street Address 22 Lowell Street		Street Address 11 Osprey Drive			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Lawrence Paolilli		Director Name Richard Nelson			
Street Address 95 Overlook Drive		Street Address 32 Milton Road			
City East Greenwich	State RI	Zip 02818	City Warwick	State RI	Zip 02888
Director Name Vincent Capone		Director Name			
Street Address 86 Stiness Drive		Street Address			
City Warwick	State RI	Zip 02886	City	State	Zip
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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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.

Scott Henderson
Signature of Officer or Authorized Representative

5/7/2014

Date

Scott Henderson - Treasurer Corvette Club of RI

Print or Type Name of Officer or Authorized Representative