



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000143881

2. Name of Corporation ADVENTURE ZONE, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: C/O THOMAS LAWRENCE
35 MUMFORD STREET

City or Town: COVENTRY State: RI Zip: 02816 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROVIDING ADVENTURE BASED RECREATIONAL AND EDUCATIONAL PROGRAMS TO HELP ALL INDIVIDUALS INCLUDING SENIORS GROW INTO POSITIVE COMMUNITY MEMBERS BY BUILDING SELF-ESTEEM, DEVELOPING LEADERS AND CREATING HEALTHY LIFESTYLES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	THOMAS LAWRENCE	35 MUMFORD STREET

		COVENTRY, RI 02816- USA
DIRECTOR	JIM REEVES	176 PLAIN MEETINGHOUSE RD WEST GREENWICH, RI 02817 USA
DIRECTOR	ROBIN REEVES	65 MOHAWK TRAIL WEST GREENWICH, RI 02817 USA
DIRECTOR	JENNIFER LAWRENCE	35 MUMFORD STREET COVENTRY, RI 02816 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

EUNIS & ASSOCIATES CPA'S, INC. 300 CENTERVILLE ROAD, SUITE 330 WEST WARWICK , RI 02886

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 2 Day of July, 2014 at 10:56:56 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JUDITH HETHERMAN
Signature of Authorized Person

Form No. 631
Revised 09/07

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